OR ATTENDING PHYSICIAN, The

TO HOSPITAL OR ATTENDING PHY retoined by the hospital or attend

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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4 may be

director, page 3

striftest handeen signed by the attending physician and a almost permit. Then please remove carbonadgest. Pages to thyging prior to benial, cremation, or sensoral. Bandwa any injury, or other traumatic event, the

IMPORTANT, If hem 21 is marked or the TO FUNERAL DIRECTOR: After this of should be detached for use as the barrowith the State Dept. of Health and Mark

| STATE OF MARYLAND            |
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| DEPARTMENT OF HEALTH AND MEN |
| 40071014400 40040            |

FOR - STATE

| PARTMENT | OF HEALTH  | AND | MENTAL | HYGIENE |
|----------|------------|-----|--------|---------|
| CEI      | DTIFIC ATE | OF  | DEATH  |         |

| ł | 01.           | REGISTRAR   |                 |                         | CERTIF     | ICATE OF DEATH                                    | REG. NO   | 5. 2                  | 0                        | 9.1                 |
|---|---------------|---|-----------------|-------------------------|------------|---|---|-----------------------|--------------------------|---------------------|
| П |               | OR PRINT  | ennie           | MIDDLE                  | 2          | AST   | 2a. DATE OF DEATH   | MONTH DA              | AY YEAR                  | 26 HOUR             |
|   | ,,,,,,        | . 4   | -               | INSLEY                  | Dr         | -amble  |   | + 2                   | 187                      | 600 M               |
|   | 3. SEX        | x   | 4 RACE          |                         | 5. DATE C  | OF BIRTH  | 6. AGE (IN YEARS LAST BIR   | _                     | F UNDER I YEAR           | IF UNDER 24 HRS     |
|   |               | FEMALE  | WHITE           | Ε                       | MAN        | $-1^{\circ}-1^{\circ}$                            | 72  | YRS                   | ONTHS DAYS               | HOURS MIN.          |
|   |               | RTHPLACE (STATE OR FOREIGN                                | 76. CITIZEN OF  | WHAT COUNTRY?           | 8.         | D NEVER MARRIED                                   | 9. BALTIMORE CITY O   | R COUNTY C            | OF DEATH                 |                     |
| ) |               | MARYLAND  | U.S.A           |                         | WIDOWE     | DIVORCED  | DORC  | HESTER                | Etho                     | MD.                 |
| 1 | 10 CI         | CAMBRIDGE   |                 |                         |            | HOSPITAL  | 120 USUAL OCCUPATION OF THE CONTROL | ON<br>F WORKING LIFE) | 126. KIND OI<br>INDUSTRY | F BUSINESS OR       |
| 4 | 115117        | AL RESIDENCE (IF NURSING HOME OF                          |                 |                         |            | HODITIAL  | HOFIEFIAK   | EK .                  |                          |                     |
|   | 13a. S        |   | HESTER          | ELLIOTT                 | N          | 13d INSIDE CITY LIMITS?                           | 13e STREET ADDRESS  |                       | 01000                    |                     |
| 4 | _             | THER'S NAME   |                 |                         |            | YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME | ELLIOTT RO  | DAD .                 | 21823                    |                     |
| 7 |               | FIRST   | MIDDLE          | LAST                    |            | FIRST   | WIDDLE  |                       | LAST                     |                     |
| 4 | 14- 14        | REGINALD  | MED CORCECO     | EWELL  166 SOCIAL SECU  | DITY NO    | WILLIE<br>17 INFORMANT                            | ADDRE   |                       | INSI                     | EY                  |
|   |               |   | E WAR OR DATES) | 212-16-                 |            | JOSEPH EWELL,                                     |   |                       |                          | AMBRIDGE<br>ARYLAND |
|   |               |   | 1               |                         |            | TOODET IT EWEELE                                  | , 20) DOROII  | JUILIK A              | APPROXIA                 | AATE INTERVAL       |
|   |               | 18. CAUSE OF DEATH (Enter on<br>PART I. DEATH WAS CAUSE   | D BY:           | Time for (8), (8), and  | acted      | - Acidosis  |   |                       | BETWEEN O                | INSET AND DEATH     |
|   |               | WANAGE DIA  |                 | R AS A CONSEQUE         | NICE OF    |   |   |                       |                          |                     |
|   | -4            | Conditions, if ony, which                                 | (b)_            | AS A CONSEQUE           | Inte       | ection  |   |                       |                          |                     |
|   |               | gove rise to immediate couse (a), stating the             | DUE TO, O       | R AS A COMSEQUE         | NCE OF     | 111   | . 0 -5  | . /                   |                          |                     |
|   |               | underlying couse last                                     | (c)             | Lar                     | ge         | Abdomin   | al Tum  | .OV                   |                          |                     |
|   | Z             | PART 2 OTHER SIGNIFICANT (                                | CONDITIONS CO   | ONTRIBUTING TO          | EATH BUT   | NOT RELATED TO THE TERMI                          | INAL DISEASE OR CON   | DITION GIVEN          | V IN PART 110            |                     |
| 2 | ATIC          | 19a DATE OF OPERATION                                     | 196 COND        | ITION FOR WHICH         | OPERATIO   | N WAS PERFORMED                                   | 20g AUTOPSY?  | 20b. IF YES.          | WERE FINDIN              | GS USED             |
| ľ | CERTIFICATION | 20 CO / SA SE   |                 |                         |            |   | YES T NOT   | IN CERTIFY!           | ING CAUSES               | OF DEATH?           |
| ĭ | CER           | 210. ACCIDENT WAS UNDERLYING                              | 110110          | FINJURY<br>M. MONTH DA  | AV VEAD    | 21c. HOW INJURY OCCURR                            | ED (ENTER NATURE OF INJUR   | RY IN ITEM TO PAR     | IT I OR PART 2)          |                     |
|   |               | OR CONTRIBUTING CAUSE OF DEA                              | in in           |                         | 19         |   |   |                       |                          |                     |
|   | MEDICAL       | 21d. INJURY OCCURRED                                      | 21e PLACE       | OF INJURY               | 40W 57C 1  | 211 LOCATION                                      | CITY OR TO  | wN                    | COUNTY                   | STATE               |
|   | 2             | WHILE NOT WHILE AT WORK                                   | (ALTHOME, STA   | EET, FACTORY, OFFICE, F | ARM, EIC ) | 1   |   | /                     |                          |                     |
|   |               | 220.1 certify that (1) (this hospi                        | 2000            | e/deceosed from_        | VI         | 120,1987  | _, to   | <del>2/</del>         | 987.1                    | hot (I) (we) lost   |
|   |               | sow the deceased alive on<br>above (1) (we) (did) (did no | view the body   | affer death.            | 1. or      | nd that in (my) (our) opinion d                   | leath occurred on the do  | te and hour o         | and from the c           | couses stated       |
|   |               | 22b. SIGNATURE  | 7 //            | 1 m                     |            | DEGREE  | ALEDICAL CYAL   |                       | Th. DATE S               | SIGNED -            |
| 4 |               | Mary U  | nn              | x, no                   | ne         | M SATTENDING PHYSICIAN                            | MEDICAL STAF  |                       | 1                        | 21/8+               |
|   |               | 226 PHYSICIAN'S NAME (TYPE O                              |                 |                         |            | 22e ADDRESS                                       |   |                       | /                        | /                   |
|   |               | MARY ANN D.   |                 |                         |            | CAMBRIDGE, M                                      |   |                       |                          |                     |
|   | 23a B         | SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL                |                 |                         |            | EMETERY OR CREMATORY                              | 23d LOCATION<br>CITY OR TOWN  |                       | COUNTY                   | STATE               |
|   | 24 51         | JNERAL DIRECTOR   | 7-24-           | נטען זיסי               | KCHES'.    | TER MEMORIAL P                                    | K CAMBRIDGE   |                       | CHESTER                  |                     |
|   | 44 FL         | ZELLER FUNERAL  | HOME E          | A COL NIETT N           | MA DIETE   |   | . NEC D. BT KEGISTKAR   | 230. REGISTRA         | AR S SIGNATU             | JKE                 |
|   |               | ZELLEK FUNEKAL  | HUPLE, E        | ASI NEW I               | MAKKE'     | AUC 3   | 1987 .  | 1                     | Po does                  |                     |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| 1      | 9   | 0 | 4-5 | 9 | 3 |
|--------|-----|---|-----|---|---|
| REG. N | 10. |   | •   |   |   |

| 8 <sup>1</sup> 8      | FOR<br>STATE<br>REGISTRAR  |  |   | FHEALTH AND MENTAL HYG<br>IFICATE OF DEATH   | REG. NO. 2 0 4 9  | ರ  |
|-----------------------|--|--|---|--|---|--|
|                       | CEASED NAME FIRST  | lle MIDE   | Co  | rnish  | 26 DATE OF DEATH MONTH DAY YEAR 26 7  | HOUR   |
| 3. SEX                | remale   | 4 RACE Neg   | ro 5. DAT   | E OF BIRTH  DAY  YEAR  2 - 1920  |   | OURS   |
|                       | RTHPLACE (STATE OR FOREIGN COUNTRY) ALabama  | 76 CITIZEN OF WH   | A MARE  | RIED NEVER MARRIED NEVER MARRIED DIVORCED  | P BALTIMORE CITY OR COUNTY OF DEATH Dorchester  |  |
| Ca                    | ambridge   | Dorch  | ester Gen   | eral Hosp.   | 170 USUAL OCCUPATION  (TYPE DE WORK FOR MOST DE WORKING LIFE)  DOMOSTIC  INDUSTRY   | USINES   |
| 13a S                 | AL RESIDENCE (IF NURSING HOME OF STATE 136, COU  | NTY 13   | E RESIDENCE BEFORE ADMISSIO<br>CITY OR TOWN<br>CAMD.  | 138. INSIDE CITY LIMITS?   | 13-STREET ADDRESS / ZIP CODE<br>705 Lincoln Terr. 21  | 161  |
|                       | ATHER'S NAME<br>FIRST<br>Vathaniel   | MIDDLE   | Bynum   | Sophia Sophia  | Slaughter   |  |
|                       | VAS DECEASED EVER IN U.S. AI<br>YES, NO OR UNKNOWN) (IF YES, GI  | VE WAR OR DATES)   | SOCIAL SECURITY NO  | (210   | ctsonP.O.#146 Bronx,N   | JOL<br>Y   |
|                       | Conditions, if ony, which gave rise to immediate couse (0), stating the  | (b)  | S A CONSEQUENCE OF  | Coronary   | Art. Dis.   |  |
| IFICATION             | gave rise to immediate couse (0), stating the underlying couse last.   | DUE TO, OR A   | S A CONSEQUENCE OF  | UT NOT RELATED TO THE TERM   | JUNAL DISEASE OR CONDITION GIVEN IN PART 110  200. AUTOPSY?  200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF   | DEATH  |
| CAL CERTIFICATION     | gave rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT   | (b) DUE TO, OR A (c) CONDITIONS CONT  19b CONDITION  19b TIME OF IT HOUR A.M.  | S A CONSEQUENCE OF<br>TRIBUTING TO DEATH B  | UT NOT RELATED TO THE TERM  ION WAS PERFORMED  21¢ HOW INJURY OCCURI                         | 20a AUTOPSY? 20b. IF YES, WERE FINDINGS<br>IN CERTIFYING CAUSES OF  |  |
| MEDICAL CERTIFICATION | gave rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE   | (b) OUE TO, OR A  (c) CONDITIONS CON  19b CONDITIO  21b TIME OF IN HOUR A.M. P) P.M.  21e PLACE OF   | S A CONSEQUENCE OF  TRIBUTING TO DEATH B  ON FOR WHICH OPERAT  NJURY  MONTH DAY YEA   | UT NOT RELATED TO THE TERM  ION WAS PERFORMED  216 HOW INJURY OCCUR!                         | 20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO  | DEATH  |
| 1073                  | gave rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFE LITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED   | (b) DUE TO, OR A (c)  CONDITIONS CONT  19b CONDITIC  19b C | S A CONSEQUENCE OF  TRIBUTING TO DEATH B  ON FOR WHICH OPERAT  NJURY MONTH DAY YEA  INJURY FACTORY, OFFICE, FARM, ETC.)  ecceosed from 19 er deoth. | UT NOT RELATED TO THE TERM  ION WAS PERFORMED  216 HOW INJURY OCCUR!  R 211 LOCATION  51REE1 | 200 AUTOPSY?  200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES   NO   YES   NO   NO   NO   NO   NO   NO   NO   N   | STATE OF THE STATE |
| WEDICAL 230. B        | gave rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE ETHER NOTHY MEDICAL EXAMINE  21d. INJURY OCCURRED  22a. I certify that (1) (this hosp obove, (1) (we) (did) (did not 22b. SIGNATURE | (b) DUE TO, OR A (c) CONDITIONS CON  19b CONDITIO  19b CON | S A CONSEQUENCE OF  TRIBUTING TO DEATH B  ON FOR WHICH OPERAT  NJURY MONTH DAY YEA  INJURY FACTORY, OFFICE, FARM, ETC.)  ecceosed from er deoth.    | UT NOT RELATED TO THE TERM  ION WAS PERFORMED  216 HOW INJURY OCCUR!  R 211 LOCATION  51REE1 | 200 AUTOPSY? 206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOT YES NOT THE NATURE OF INJURY IN ITEM 18 PART   OR PART 2)  CITY OR TOWN COUNTY  To 19 , that death accoursed on the date and haur and from the cau | STATE OF THE STATE |

DHMH - 16 60M 7/84 (VRA 15, 4)

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in by the funeral director, page 3 filed within 72 hours after death

may be

within 24 hours after

death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that retained by the haspital ar attending physician.

### STATE OF MARYLAND

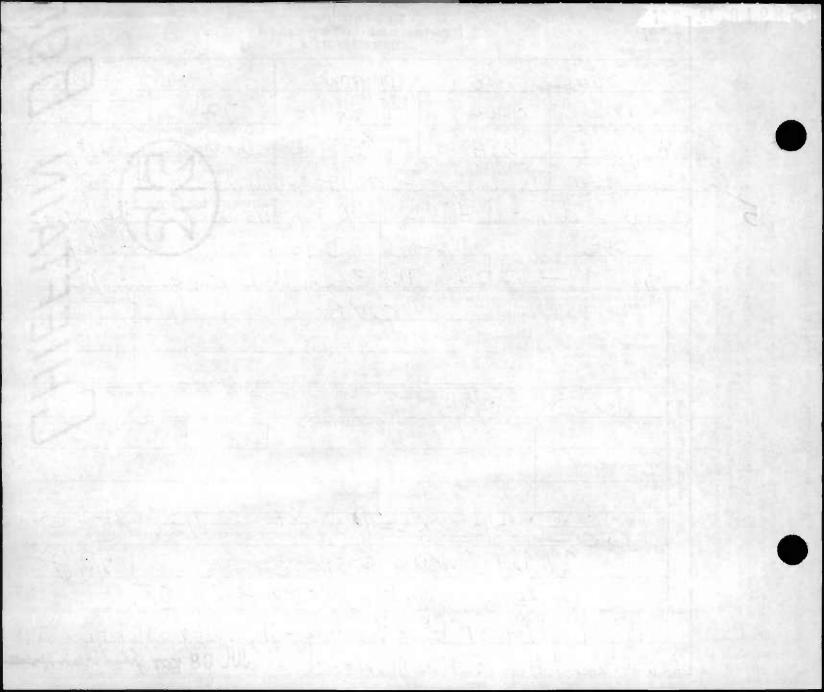
| 8 | REG. NO. | 2)<br>Com | 0 | 400 } | 9 |  |
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|          |               |   |  | STAT   | E OF MARYLAND                   |                           |                    |   |
|----------|---------------|---|--|--|---------------------------------|---------------------------|--------------------|---|
|          | 1             | FOR   | DEPARTM  | MENT OF H  | EALTH AND MENTAL HYG            | IENE                      | No. 25             |   |
|          | 1 -           | STATE<br>REGISTRAR                            |  | CERTIF   | ICATE OF DEATH                  | 8 IREG. N                 | 2                  | ) 4 4 4   |
| 101      | 1. DEC        | CEASED NAME FIRST                             | WIDDLE   |  | AST                             |                           | MONTH DAY          | YEAR 26. HOUR                                   |
|          |               | OR PRINT)                                     | R  | D  | AYTON                           |                           | -7 7               | (1. 1000)                                       |
|          |               | RUSSEZ  |  | VI   |                                 | 6 AGE (IN YEARS LAST BIR  | 1 0                | NDER I YEAR OF UNDER 24 HRS                     |
|          | 3 SE)         | n   | 4 RACE   | 5. DATE C  |                                 | AGE (IN YEARS LAST BIK    | MON                |   |
|          |               | / / /   | CAUC   | 4  | 25 15                           | 10                        | YRS                |   |
| 80       | 7a 81         | RTHPLACE (STATE OF FOREIGN                    | 76 CITIZEN OF WHAT COUNTRY?                              | 8.   | D A NEVER MARRIED               | 9 BALTIMORE CITY          | R COUNTY OF        | DEATH   |
| 50       |               | Variland                                      | USA  | WIDOWE   |                                 | Dorche                    | ster (             | JULITY MD                                       |
| 0/ /     | 10 CI         | TY OR TOWN OF DEATH                           | 11. NAME OF HOSPITAL, NURSIN                             |  |                                 | 120 USUAL OCCUPAT         |                    | 126. KIND OF BUSINESS OR                        |
| 気ろ       | 1             | a. hridaa                                     | THE NOT IN SUCH FACILITY, GIVE STREET                    | /  | al Hosp                         | (TYPE OF WORK FOR MOST C  | F WORKING LIFE     | INDUSTRY  |
|          | TISHA         | 2 M D'1109C                                   | OTHER INSTITUTION, GIVE RESIDENCE BEFORE                 | JED &  | 1100p.                          | 1 Haching                 | mean               | 111000 11000                                    |
| 25       | 13a S         | TATE 136 COUN                                 |  |  | 134. INSIDE CITY LIMITS?        | 13e.STREET-ADDRESS        | ZIP CODE           | 1 / 1   |
|          |               |   | chester Hurloc   | K  | YES NO                          | 115 DOICE                 | rester.            | Ave. 12/643                                     |
| EC.      | 14 FA         | THER'S NAME                                   | MIDDLE LAST &  |  | 15 MOTHER'S MAIDEN NAM          | ME                        |                    | 1 / LAST  |
| 270      |               | 0-1-  | Dart   | on   | Daise.                          | 1                         |                    | Hurley  |
| ico      |               | VAS DECEASED EVER IN U.S. AR                  |  | RITY NO.   | 17 INFORMANT                    | ADDR                      | ESS                | . /   |
| medi     | {7            | (ES, NO OR UNKNOWN) (IF YES, GIV              | E WAR OR DATES) 214-28                                   | -7945  | Eug Ivn I                       | 1. Douton                 | Hurle              | ok MD   |
| the      |               | IN CAUSE OF BEATH .                           | ily one couse per line for (a), (b), and                 | 1  | 1000                            | 1235 4 101                | 1107:50            | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| ent,     |               | PART I. DEATH WAS CAUSE                       |  | 1(01.)   | 1/1                             |                           | 100                | BETWEEN ONSET AND DEATH                         |
| eve      | -             | IMMEDIA                                       | TE CAUSE (a)   |  | 2 V 1                           |                           |                    |   |
| otic     |               |   | DUE TO, OR AS A CONSEQUE                                 | NCE OF   |                                 |                           | 200                |   |
| onu      |               | Conditions, if ony, which                     | (b)  |  |                                 |                           |                    |   |
| er tr    | 31            | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUE                                 | NCE OF   |                                 |                           |                    | THE NAME OF                                     |
| t o      | - 14          | underlying couse lost                         | (6)  |  |                                 |                           |                    |   |
| , 01     | E             | PART 2 OTHER SIGNIFICANT (                    | CONDITIONS CONTRIBUTING TO D                             | DEATH BUT  | NOT RELATED TO THE TERM         | INAL DISEASE OR CON       | DITION GIVEN       | IN PART 1(p                                     |
| رما      | Z             | AS(17)  | MAS  |  |                                 |                           |                    |   |
| 2        | CERTIFICATION | 190 DATE OF OPERATION                         | / 196. CONDITION FOR WHICH                               | OPERATIO   | N WAS PERFORMED                 | 20a AUTOPSY?              | 706. IF YES. W     | 'ERE FINDINGS USED                              |
| 050      | FIC.          | THE DATE OF GRENATION                         | , inc. condition for which                               | O, EKATIO  | TO TEN OWNED                    |                           | IN CERTIFYIN       | IG CAUSES OF DEATH?                             |
| sho.     | RT            |   | an this of himse   |  | In the war hall by a secure     | YES NO                    | YES                | ] NO []   |
| 18       |               | OR CONTRIBUTING CAUSE OF DE                   | LUCIUS A LA LACALTIL DA                                  | YEAR   | 21c. HOW INJURY OCCURR          | CED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | 1 OR PART 2)                                    |
| te d     | CAL           | (IF EITHER NOTIFY MEDICAL EXAMINER            |  | 19   |                                 |                           |                    |   |
| ò        | MEDICAL       | 21d INJURY OCCURRED                           | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | A DAA ETC 1  | 211 LOCATION<br>STREET          | CITY OR TO                | )WN                | COUNTY STATE                                    |
| ked      | >             | AT WORK NOT WHILE                             | (A) NOME SINCE, PACIONE OFFICE, IN                       | ARM ETC)   |                                 |                           | 1                  |   |
| 8        |               |   | tal) attended the ideceased from                         | ,  | 717- 19 X7                      |                           | 1 ) 19_            | 8 t, that (I) (we) Dist                         |
| 1 05     |               |   | 19 19 19   | 1 -1 -   | nd that in (my) (our) opinion o | death accurred on the d   | ate and hour on    | d from the couses stated                        |
| E .      |               | 22b. SIGNATURE                                | T view the body after death.                             | · /  | DEGREE                          |                           |                    | 22c. DATE SIGNED                                |
| #        |               | III. SIGIVATURE                               | at Tillo   | 11.1   | ATTENDING,                      | MEDICAL STA               | FF                 | 2/2/12  |
| 11       |               | 10  | went to  | The same of the sa | PHYSICIAN                       | DIRECTOR   PHYSIC         | CIAN 🗌             | 1/09/01   |
| MPORTANT |               | 22d. PHYSICIAN'S NAME TYPE C                  | R PR INT)  | 1/2  | 220 ADDRESS                     | 21126                     | 107                |   |
| PO /     |               | H   | BEDU LA  | TEN  | 4MD 50 4                        | 3 134 EN                  | 101                |   |
| ₹        | 23a 8         | SURIAL, CREMATION, REMOVAL                    | 23b DATE MICE  | AME OF   | EMETERY OR CREMATORY            | 23d LOCATION              | ,                  |   |
|          | - (           | SPECIFY) 12                                   | 7-4-87 F   | act 1  | la Markate                      | CITY OR TOWN              | No. Mi             | STATE M   |
| 8        | 24 E          | JULIACI<br>JNERAL DIRECTOR                    | 1 0 1 1-4  | (2///  | 250. DATI                       | E DECID BY DECISTRAD      | 25b. REGISTRA      | MASSINGUIDE                                     |
| 7/84     | 7             | NAME I  | APDRESS/   | 101  | L A A I                         |                           | ACCOS IN A         | who Davidson Pro                                |
|          | 6             | eller Tuneral                                 | Home East IVE  | 10/1/12  | rkotilli                        | ,001 00                   | 198/ 1             |   |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel with should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 security with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH FREG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 70. BIRTHPLACE MARRIED NEVER MARRIED DIVORCED 10. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS?

IF UNDER I YEAR BALTIMORÉ CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS? MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMAN ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF DIVATOR Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO YES | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from\_ . 19\_ \_\_\_\_\_ that (I) (we) lost , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING PHYSICIAN MEDIC AL DIRECTOR PHYSICIAN ATTE ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d\_LOCATION 24 FUNERAL DIRECTOR

2b. HOUR

DHMH - 16 60M 7/84

(VRA 15, 4)

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| 062347   | al n          | FOR Item 16<br>STATE per FU  |                   |                 | 8-26-87<br>DEPART                     | MENT OF H  | EALTH AND MENTAL HYGI<br>ICATE OF DEATH | 8 /  |                     | 2 0             | 200                               |
|--|---------------|--|-------------------|-----------------|---------------------------------------|------------|---|--|---------------------|-----------------|-----------------------------------|
| 1 75   | 1. DE         | CEASED NAME  | FIRST             | mEs             | HARRY                                 | E          | FLLIOTT                                 | REG. N<br>20. DATE OF DEATH                              | O. MONTH D. 7 30    |                 | 26 HOUR A                         |
| ge 4 moy<br>esto. pos<br>on other de   | 3.5E          | Mele   |                   | 4 RACE Cau      |                                       | JANUA      | RY 4, 1914                              | 6. AGE (IN YEARS LAST BIR                                | YRS.                | FUNDER I YEAR   | IF UNDER 24 HRS HOURS MIN.        |
| 35   | М             | RTHPLACE (STATE OR COUNTRY)  ARYLAND   |                   | υ               | SA                                    | WIDOWE     |   | 9 BALTIMORE CITY C<br>DORCHESTER                         | R COUNT             | Y               | MD.                               |
| 1163   | C             | AMBRIDGE  AL RESIDENCE (IF NURS  |                   | DORCHE          | STER GEN                              | ERAL H     | ROTHER INSTITUTION OSPITAL              | 120 USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST O<br>PAINTER |                     | INDUSTRY        | EMPLOYED                          |
|  | MA            | RYLAND   | 13b. COUN         | HESTER          | SECRETAL                              | /N         | 13d INSIDE CITY LIMITS? YES NO 1        | 13e STREET ADDRESS<br>127 MAIN S                         | ZIP CODE<br>STREET/ | 21664           |                                   |
| m 1/20   | 1             | ROBERT VAS DECEASED EVER   | PL                | UMMER           | ELLI                                  |            | ELIZABET                                |  |                     | PLΰ             | MER                               |
| e be exection and ers. Page 1.   |               | YES, NO OR UNKNOWN)  | WWII              | E WAR OR DATES) | 214-87-8                              | 977        | CATHERINE ERA                           |  |                     | APPROX          | IMATE INTERVAL<br>ONSET AND DEATH |
| certificating physical property in cevent,   |               | 18 CAUSE OF DEAT<br>PART I. DEATH W  | AS CAUSE          | E CAUSE (a)     | ardis-                                | respons    | cratory Ar                              | rest   |                     | 1100            | virates                           |
| that the death<br>d by the attend<br>lease remove ca<br>ial, cremation, o  | 100           | Canditions, if ony,<br>gave rise to im-<br>cause (a), statir<br>underlying cause | mediate<br>ng the | 161/            | AS A CONSEOU<br>RAS A CONSEOU         | ateral     | arterial ocelu                          | sion of le   | 95                  | 44              | ours                              |
| requires<br>en signed<br>Then pli<br>or to buri  | NOL           | Chronic  | 065+              | metrie.         | Palmonery                             | Direc      |   | nal disease or con                                       | 319                 |                 |                                   |
| The low ion. In permit  | CERTIFICATION | 19a DATE OF OPERA  |                   |                 |                                       | OPERATIO   | N WAS PERFORMED                         | YES NO   | IN CERTIFY<br>YES   |                 | NGS USED<br>OF DEATH?             |
| SICIAN: TI<br>ng physicic<br>certificate<br>ritol-transif<br>ental Hygis<br>ttem 18 sh   |               | 21a, ACCIDENT WAS UNI<br>OR CONTRIBUTING (IF EITHER NOTIFY MEDI                  | CAUSE OF DEA      | P.              | M. MONTH D<br>M.                      | AY YEAR    | 21c. HOW INJURY OCCURR                  | ED (ENTER NATURE OF INJU                                 | RY IN ITEM 18 PAI   | RT I OR PART 2) |                                   |
| ottendir<br>otter this<br>os the bu  | MEDICAL       | 21d INJURY OCCUR   |                   |                 | OF INJURY<br>REET, FACTORY, OFFICE, I | FARM ETC ) | 216 LOCATION<br>STREET                  | CITY OR TO   | wn                  | COUNTY          | STATE                             |
| ATTENDIS<br>ospital or<br>ECTOR: A<br>d for use<br>of the old<br>m 21 is ma  |               | 22a.1 certify that (1)<br>saw the decease<br>abaver (1) (we) to                  |                   |                 |                                       |            | d that in (my) (our) opinion d          | eath occurred on the d                                   | ate and havi        |                 |                                   |
| by the his state of the his state of the beautiful of the |               | 22h SIGNATURE  | 16                | They            | Langelin                              |            | D ATTENDING PHYSICIAN                   | MEDICAL STA  | FF<br>CIAN []       | 7/3             | 10/87                             |
| TO HOSPITAL TO FUNERAL Should be deto with the State I   | 02 6          | Edmun  |                   | Mac             | Laugh                                 | in         | 10 Aurora                               |  | rbrid               | ge, h.          | 0/216/3                           |
| ВР   | E             | BURIAL, CREMATION, SPECIFY) BURIAL JNERAL DIRECTOR                               | KEMOVAL           | 8-1-8           |                                       |            | NECK CEMETERY                           | EASTON,  REC'D. BY REGISTRAR                             |                     |                 |                                   |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  |               | CLLER FUNE   | RAL HO            | ME, EAS         | ST NEW MA                             | RKET,      |   |  | A LA                | Dendury         |                                   |

JAN 13 0E 1 Committee of the second second

#### STATE OF MARYLAND

| 30 BATATE<br>REGISTRAR   | DEPART  | CERTIFICATE OF DEATH                         | GIENE<br>8 / REG. NO. 2  | 0 5 0 2                                      |
|--|---|--|--|--|
| I. DECEASED NAME FIRST   | MIDDLE  | LAST   | 28. DATE OF DEATH MONTH DA   | AY YEAR 26 HOUR                              |
| JOHN   | FRANKLIN  | FITZHUGH                                     | 7 2  | 8 87 7 7 m                                   |
| 3. SEX   | 4 RACE  | 5 DATE OF BIRTH                              |  | FUNDER I YEAR # UNDER 24 HRS                 |
| MALE   | WHITE   | NOV. 11, 1923                                | 63 YRS   | ONTHS DAYS HOURS MIN                         |
| 70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)                              | 76 CITIZEN OF WHAT COUNTRY?                               | MARRIED NEVER MARRIED                        | 1 BALTIMORE CITY OR COUNTY   | OF DEATH                                     |
| MARYLAND   | U.S.A.  | WIDOWED DIVORCED                             | DORCHESTER   | MD.  |
| CHURCH CREE  | JE NOT IN SUCH FACILITY GIVE STREET                       | or other institution in it.                  | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CARPENTER | 12h. KIND OF BUSINESS OR INDUSTRY  CARPENTRY |
| USUAL RESIDENCE (# NURSING HOME O<br>136 STATE 136 COU<br>MARYLAND DOR | NTY 1(3c CITY OR TOV                                      |  | 13e STREET ADDRESS   | 21622<br>ur∉ch Creek,M                       |
| FATHER'S NAME  |   | 15. MOTHER'S MAIDEN NA                       | AME  |  |
| JOHN FIRST ALEXANDER   | / FITZHUGE  | H KEKAXX                                     | LEILA MIDDLE G   | OSLIÑ  |
|  | E WAR OR DATES)   |  | ADDRESS  |  |
| YES   WW   | 11  216-18-   | -2995 Mrs. Cathe                             | erine Fitzhugh,  | same as#13                                   |
|  | DUE TO, OR AS A CONSEOU                                   | CINOMA OF                                    | WINAL DISEASE OR CONDITION GIVE  | MONTAS  N IN PART 1(0)                       |
| (% DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING                     | 1% CONDITION FOR WHICH                                    | OPERATION WAS PERFORMED                      |  | WERE FINDINGS USED ING CAUSES OF DEATH?      |
| OR CONTRIBUTING CAUSE OF DE  | HOUR A.M. MONTH D   | AY YEAR<br>19                                | RED (ENTER NATURE OF INJURY IN ITEM 18, PAI                            | RT 1 OR PART 2{                              |
| 216 INJURY OCCURRED  WHILE NOT WHILE AT WORK                           | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC ( 216 LOCATION STREET              | CITY OR TOWN   | COUNTY STATE                                 |
| sow the deceased plive or<br>above (I tweffold) did no                 | attended the deceased from 19                             |  | , to   |  |
| 173 PHYSICIAN'S NAME (TYPE C   | DB. Stone   | DEGREE  WO ATTENDING PHYSICIAN  1220 ADDRESS | MEDICAL STAFF DIRECTOR   PHYSICIAN                                     | 7/29/87                                      |
|  | oeckle, M.D., P   |  | d Ave., Cambridge,   | Md. 21613                                    |
| 730 BURIAL CREMATION REMOVAL   | 235 DATE 234  | NAME OF CEMETERY OR CREMATORY                | 1234 LOCATION  |  |
| Burial   | 7-31-87 MG  | d. Vets.Cem.ofE.                             | S. Hurlock, Bord   | hester, Md.                                  |

DHMH-16 25M (VRA 15, 4) 1/79

TOFUNERAL DIRECTOR: After this certificate has been signed by the attending to the attending the detacked for use as the burial-transit permit. Then please remove carbitration to the best of Health and Mental Hygiene prior to burial, cremation, o

74 FUNERAL DIRECTOR
CURRAN FUNERAL HOME

ADDRESS 308 High St. CAMBRIDGE, MD

25e. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

LANGE TO COME DUE: NOT THE

Alterna de Consella Antonia

|   | FOR       |
|---|-----------|
| - | STATE     |
|   | DECISTRAD |

## STATE OF MARYLAND

| 8 | REG. NO.   | 2 | 0 | 3 | 0 | 1 |
|---|------------|---|---|---|---|---|
|   | HE O. I TO |   |   |   |   | _ |

|  | 11.    | STATE   |                           | DEPARTM         | NI OF HEALTH AND   |                  | IENE          |                                | m .        | ta e        | A4 1111           |
|--|--------|---|---------------------------|-----------------|--------------------|------------------|---------------|--------------------------------|------------|-------------|-------------------|
| 77.51  |        | REGISTRAR   | ,                         |                 | CERTIFICATE OF     | DEATH            | Ö             | REG. NO.                       | 2 (        | ) 3         | 0 3               |
| 0.1  | J DE   | ED NAME FIRST   | MIDDLE                    | 377             | LAST               | . 1              | 20 DATE OF    | DEATH MONT                     | DAY        | YEAR        | 26 HOUR           |
| O 1 JOE  | KI     | Lance   | K R                       | oger            | Grinne             | 11               |               | 07                             | 10         | 8/          | 11 AM             |
| 4.9  | 1. SE  |   | 4 RACE                    |                 | 5. DATE OF BIRTH   |                  | 6. AGE INY    | EARS LAST BIRTHDAY)            | IF UN      | DER I YEAR  | IF UNDER 24 HRS   |
| of the control of the |        | Male  | White                     |                 | MONTH 12           | G3               |               | 23.                            | rRS.       | DATS        | HOURS MIN,        |
| 10/84  | 7a. BI | RTHPLACE (STATE OR FOREIGN  | 76 CITIZEN OF WHAT        | OUNTRY?         | MARRIED   NEVEL    |                  | 9 BALTIMO     | RE CITY OR CO                  |            | DEATH       | 1                 |
| 1 6  |        | lew York  | USA                       |                 |                    | DIVORCED [       | Lo            | cheste                         | er C       | OUN         | ty MD.            |
| 11/23  | 10.51  | TY OR TOWN OF DEATH   | 11. NAME OF HOSPITA       |                 | HOME OR OTHER IN   | STITUTION        |               | OCCUPATION<br>FOR MOST OF WORK | ONG LIFE I | Pb. KIND OF | BUSINESS OR       |
| 10 C   | 0      | ambridge  | Dorcheste                 |                 | ieral Hos          | pital            | THE OF HOR    | TOR MOST OF TOM                |            | 10031K1     |                   |
| 200  | 13a S  | AL RESIDENCE W NURSING HOME OR<br>TATE 13b. COUN                  |                           | Y OR TOWN       |                    | CITY LIMITS?     | 113e STREET   | ADDRESS / ZIP                  | CODE       |             |                   |
| 11   |        | Md. Do  | r. H                      | urloc           |                    | NO [             | 500 A         | cademy                         | St.        |             | 21643             |
| XON  | 14. FA | THER'S NAME   | MIDDLE                    | LAST            | 15 MOTHE           | R'S MAIDEN NA    | ME            | WIDDLE                         |            | LAST        | 30 V 3            |
| 010  | (      | 7110-11-  | elson 6                   | rinne           | 11 100             | nnie.            |               |                                |            | Whit        | tford             |
| dico des   |        | VAS DECEASED EVER IN U.S. AR<br>(ES, NO OR UNKNOWN) { IF YES, GIV | E WAR OR DATES)           | CIAL SECUR      |                    |                  |               | ADDRESS                        |            |             |                   |
| 9 11   |        | 10  | 21.                       | 5-88-           | 9452Mr. 8          | Mrs.             | Grinn         | el1                            | Ite        | m 13        |                   |
| do to  |        | 18 CAUSE OF DEATH (Enter on<br>PART I, DEATH WAS CAUSE            | D BY:                     | 11 -            | 1                  | Ar               | +             |                                |            | BETWEEN O   | NATE INTERVAL     |
| 001  |        |   | TE CAUSE (a) Cal          | diop            | ulmodar            | 4 /111           | rest          |                                |            |             |                   |
|  |        |   | DUE TO, OR AS A           |                 |                    | U - 6            |               |                                |            |             |                   |
| 1  |        | Canditions, if ony, which   | (b)                       | uscul           | ar My              | stroph           | y ·           |                                |            |             |                   |
|  |        | cause (0), stating the underlying cause last.                     | DUE TO, OR AS A           | CONSEQUEN       | CE OF              |                  |               |                                |            |             |                   |
| 90.0   |        |   | (c)                       |                 |                    |                  |               |                                |            |             |                   |
| de br  | NO.    | PART 2 OTHER SIGNIFICANT (  | CONDITIONS CONTRIBL       | JING TO DE      | ATH BUT NOT RELATE | ED TO THE TERM   | INAL DISEASI  | OR CONDITIO                    | N GIVEN II | V PART IIa  |                   |
| 1917   | CATIC  | 190 DATE OF OPERATION   | 19b. CONDITION FO         | OR WHICH C      | PERATION WAS PERF  | ORMED            | 20a AUTO      | PSY2 20b                       | IF YES, WE | RE FINDING  | GS USED           |
| X  | 至      |   |                           |                 |                    |                  | YES 🗆         |                                |            |             | DF DEATH?         |
| 1  | CER    | 210. ACCIDENT WAS UNDERLYING                                      | 110110 4 14 144           |                 | 21c. HOW           | INJURY OCCURE    |               |                                |            | OR PART 2)  |                   |
| 117  | 3      | OR CONTRIBUTING CAUSE OF DEA                                      |                           | JNIH DAY        | 19                 |                  |               |                                |            |             |                   |
| 6 × 6  | EDIC   | 214 INJURY OCCURRED   | 21e PLACE OF INJU         |                 | 211 LOCAT          |                  |               | CITY OR TOWN                   |            | OUNTY       | STATE             |
| y and  | 2      | NOT WHILE AT WORK   | (AT HOME STREET, FACTI    | ORY, OFFICE FAR | M EIC)             |                  |               | /                              |            |             | JIAIL             |
| 13   |        | 22a 1 certify that (1) (this haspi                                | tal) attended the decea   | sed from        | July 13            |                  | , to          | uly 15                         | , 19       | 87.11       | hat (I) (we) last |
| 草草を  |        | saw the deceosed alive on<br>obove, (1) (we) (did) (did na        | t) view the body after de | 19_8            | , ond that in (m   | y) (aur) apinian | death occurre | d an the date on               | d hour ond | from the co | ouses stoted      |
| Ched<br>Pept<br>Nam  |        | 220 SIGNATURE   | ) /                       |                 | DEGREE             |                  |               |                                |            | 22c. DATE S | IGNED             |
| othe Cotte   |        | your -  | Jahns and                 |                 | mo                 | PHYSICIAN A      | DIRECTOR      | STAFF  PHYSICIAN [             |            | 7/16        | 1/87              |
| FIAN S   | 1 4    | THE PHYSICIAN & NAME THE  | R PRINT)                  | 44.0            | 22e ADDRI          | ESS              |               | 10, 19                         |            | 1           | 1                 |
| PORT,  |        | Leigh Joh   | 11500                     | MO              |                    |                  |               |                                |            |             |                   |
| -151   | 230 B  | URIAL, CREMATION, REMOVAL   |                           |                 | ME OF CEMETERY OF  |                  | 23d LOCA      | OR TOWN                        | 1.01       | JNTY        | STATE             |
|  |        | SPEGBuria1  | 7/18/87                   | Wa              | shington           | Com              | Hur           | 1001                           | Do         | V*          | MA                |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

M. Hurlock Dor. M

THOMAS FUNERAL HOME CAMBRIDGE MD.

1111

| 21                         |   |               | 000  |   |                         | DEDARY                                  | STATE            |  |                        |                      |                |            |                            |           |
|----------------------------|---|---------------|--|---|-------------------------|---|------------------|--|------------------------|----------------------|----------------|------------|----------------------------|-----------|
| 1                          | ,   |               | FOR<br>STATE   | UNKNOWN #   | ŧ87 <b>−</b> 67         |   |                  |  | MENTAL HYGIE           |                      |                |            |                            |           |
| 0500                       |   |               | REGISTRAR  |   |                         |   | XAMINE           | R'S CERTIF   | ICATE OF DE            | ATH                  | REG. NO        | p. 0       | 5 0                        | Ly        |
| 0033                       | 195 JUL   | 20            | SED NA   | ME FIRST  |                         | MIDDLE                                  |                  | LAST   |                        | 20 DATE 1            | ESTI-          | MONTH      | DAY YEAR                   | Zb. HOUR  |
| 1/                         | 교육적중단   | 1             |  | KENN  | ETH                     | M.                                      |                  | LAMBERT  | CSON                   | DEATH                | MATED 5        | 7 -2       | 2/3 1987                   | M         |
| W                          | <b>ラ</b> 発生支援   | 132           | 1  | 4 RACE  | S. DATE OF E            | BIRTH YEAR                              |                  | IF UNDER 1 YR  |                        |                      |                | MONTH      | DAY YEAR                   | 2d HOUR   |
| M                          | X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   | 1//           | ale  | WHITE   | 111                     | 21 1948                                 | 38 YRS           | MONTHS DAYS  | HOURS MIN              | PRONOUN<br>DE AD     | CED            | 7          | 6 19 87                    | 6:40      |
|                            | AN AND  | Ws. Bi        | RTHPLACE   | STATE OF  | 7h. CITIZEN             | OF WHAT COUNT                           |                  |  |                        | 9. BALTIM            | ORE CITY C     | R COUNT    | Y OF DEATH                 | /I P M    |
|                            | 田神の意味とく   | n             | YOU COUNTR   | 1.11  |                         | 11 51                                   |                  | MITTON   | JEVER MARRIED          |                      | Danal          | _          |                            |           |
|                            | 1000  | 1             | V OR TOW   | NORDEATH  | II. NAME O              | A SPITAL NILIP                          |                  | OR OTHER INSTIT  | DIVORCED               | SUAL OCCUB           |                |            | County                     |           |
| To be                      | ZESESO C  | D             | Rche   | STEL  | (IF NOT IN S            | UCH FACILITY, GIVE STR                  | EFT ADDRESS)     |  | Fre                    | Charlesingh          | you D          |            | OR INDUST                  | RY        |
| 14                         | DO M. S.  |               | Cou  | NTY   |                         |   |                  |  | ttle Chop              | ank Ri               | ver            |            | 1.7                        | 7.        |
| 100                        | 1 (SEE 23)  | TIN S         | TATE   | 13b. COUN   |                         | ION, GIVE RESIDENCE B                   | EFORE ADMISSION  |  | CITY LIMITS? 13e ST    | REPLADORE;           | 5.89           | 11         | 10 99                      | 9999      |
| 212                        | 소문 없으셨  | 1             | claw.  | me Ju   | ssev                    | Fer                                     | wick             | YES [  | And                    | MM                   | ARU            | LA         | KEST                       | 9944      |
| - G                        | 10004   | 14. FA        | THER'S NA  | AE 9  | Au                      | / /                                     |                  | IS. MOT  | HER'S MAIDEN NAM       | AE /                 | and a          |            |                            |           |
| 2                          | ### 9570"   | 5             | TRI  | INS   | 111.                    | LAMB                                    | ertson           | 1 1  | Talala.                | 1.6                  | 1150           | 5          | Leckl.                     | 20        |
| NO.                        | F PAGE<br>F | 16a V         | AS DECEAS  | ED EVER IN U.S. AR  | MED FORCES?             | 16b. SOCI                               | AL SECURITY      | 7  | RMANTMS. 4             | Imas                 | ADDRESS        | il         | 4 2                        | Va De     |
| BALTIMO                    |   | (Y            | S. NO. PRUNK   | NOWN) (JE YES, GIVE   | TIME                    | Nes 231.                                | -66-81           | 201 0  | 7.41.10                | 2                    | - 2000         | 45011      | Silina                     | CITED     |
| ~                          | PA(HITH   |               | CALISE   | OF DEATH /F-  | NEM                     |   |                  | 4 ·  | KVINS 1                | 4. 647               | ncur!          | Den.       | JAUSSH                     | MINU      |
| ST.                        | SE SEW  |               | PARTI  | OF DEATH (Enter on<br>DEATH WAS CAUSE                           | ly ane cause p<br>D BY: |   |                  |  |                        |                      |                |            | APPROXIMAT<br>BETWEEN ONSE | AND DEATH |
| W. PRESTON ST              | 2000年   |               |  | IMMEDIA   | TE CAUSE (a)-           |   |                  | al traur   | na                     |                      |                |            |                            |           |
| EST                        | ZZ Z E E S  |               | Constitution of the Consti | 9   | DUE TO                  | O, OR AS A CONS                         | EQUENCE OF       |  |                        |                      |                |            |                            |           |
| g.                         | E 日 日 多 年 年   |               |  | ians, if any, which rise to immediate                           | (b)_                    |   |                  |  |                        |                      | 1- 1-          |            |                            |           |
| 3                          | 253470  |               |  | <ul> <li>a) stating the <u>under-</u><br/>ause last.</li> </ul> | DUE TO                  | O, OR AS A CONS                         | EQUENCE OF       |  |                        |                      |                |            | 7 6 9.                     |           |
| 201                        | EZSENE<br>PEZSENE   |               | iying c  | dose last.  | (c)                     |   |                  |  |                        |                      |                |            |                            |           |
| DS,                        | A A BUIL  |               | PART 2 OTHER   | SIGNIFICANT CONDITIONS  | CONTRIBUTING TO         | DEATH BUT NOT RELATE                    | D TO THE TERMINA | L DISEASE OR CONDIT  | ION GIVEN IN PART 1 io |                      |                |            |                            |           |
| DIVISION OF VITAL RECORDS, | "PENDING" FF MEDICAL FED AS A BUR HEALTH ANI AL, CREMATIK   | Z             | STATE  |   |                         |   |                  |  |                        |                      |                |            |                            |           |
|                            | - CEAN PED  | CERTIFICATION | 19a. DATE C  | OF OPERATION  | 19b. C                  | ONDITION FOR W                          | HICH OPERAT      | ION WAS PERFO  | DRMED?                 |                      |                |            | 20 AUTOPSY                 | 2         |
| Z Z                        | WED WED USED OF HE  | FIC           | 7535   |   |                         |   |                  |  |                        |                      |                |            |                            |           |
| >                          | NA PROPERTY   | E             | 21a FXTERI   | VAL CAUSE WAS   | 21h TI/                 | ME OF INJURY                            |                  | 21. HOW INTUIT   | RY OCCURRED LENTE      | D MATURE OF BUIL     | IDV MAIDE ID I |            | YES 💢                      | NO 🗌      |
| Ō                          | CERTIFICATE SHOULD SITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED, E PEPARTMENT OF HE, OF PRIOR TO BURIAL, OF PRIOR TO BURIAL,   |               |  | OR OR CAUSE OF I  |                         | R A.M. MONTH                            |                  |  |                        |                      |                |            |                            |           |
| Ö                          | A P P P P P P P P P P P P P P P P P P P   | 2             |  | TING CAUSE OF I   |                         |   | /3 1987          | SUDJECT.   | struck o               | n nead               | % MeT          | gntec      |                            |           |
| Ž                          | REDED<br>SE 3 SP<br>SO PR   | MEDICAL       | WHILE  | NOT WHILE   | STRE                    | ACE OF INJURY<br>ET, FACTORY, FARM, ETC | (AT HOME,        | STREET   |                        | CITY OR TOW          |                | COU        | NTY                        | ater.     |
| 0                          | WRIT<br>WARDI<br>PAGE<br>1201   |               | AT WORK  | O NOT WHILE AT WORK   |                         | nd in wa                                | ter.             | Chesapea   | ake Bay of             | ff Litt              |                |            |                            |           |
|                            | W 2 0   | 13:31         | 22a. I ce  | rtify that I took charg   | e of the remai          | ns described above                      | e held on        | Autopsy X  | Inspection .           | Inquiry              |                | d 10 my of | orchest                    | er Co     |
|                            | MINER<br>DE FOR<br>ECTOR:<br>TH THE<br>YLAND  |               |  | 0.000   | rol cours for           | Accident [                              | , Suicie         |  |                        | etermined ma         |                | o m my opi | orr                        |           |
|                            | NE N  |               | GCGIII TC 3C   | Λ   | 1)                      | Accident                                |                  |  |                        | etermined mo         | nner,          |            |                            |           |
|                            | E CERT<br>E CERT<br>DULD I<br>H, WIT<br>MAR)  |               | ACTUAL   | . /M  | 10                      | 1                                       |                  | Der  | outy Chies             | F                    |                | DATE       |                            |           |
|                            | SHE SHE   |               | SIGNATUR   | ///   | 7                       | 1                                       |                  | M.D  | ME ME                  | DICALEXAM            | INER           | SIGNED     | 7-7-8                      | 7         |
|                            | ME SECTION AND AND AND AND AND AND AND AND AND AN   |               | EXAMINER'  | S NAME AT   | n M. D                  | ixon, M.                                | D                |  | 111 Don                | Ctro                 | t Da           | 1+0        | MA 01                      | 201       |
|                            | TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M  | 00            | (TYPE OR PI  |   | -                       |   |                  | ADDRESS  | 111 Peni               |                      | L, Bo          | 110.       | MG. 2                      | L201      |
|                            |   | /30.B         | PECIFY   | -   | DATE .                  | 173674                                  | ME OF CEME       | TERY OR CHE NA   | TORY 23d I             | OCATION<br>IN DRIOWN |                | COUN       | TY (75                     | NE        |
| 07/84<br>25M               | BP  | -             | ナビル  | MATION  | 1/14                    | 187 1                                   | elma             | RVH-LER  | MATORY (               | Rue                  | 5 1            | 1455       | Reve /                     | 12/       |
| 2000                       | DHMH - 17   | 24 F          | MAN DIR  | GOR /   | 6 .                     | bers/ S                                 | ALISA            | wey 1  | 25a. DATE REC'D. I     | 79007                | 25H REGI       | STRAP S SI | GNATURE                    | Lo        |
| 1999                       | (VE A13 ME (5))   | 1             | SAK  | ER 444  | Dou                     | NUS /                                   | MARY             | land   | 902                    | 1 1001               | a              |            |                            |           |
|                            | //  |               |  |   |                         |   | -                | and the same of th |                        |                      |                |            |                            |           |

T. T. I Sharely & Drawer I T. T. X - 11 - 12 12 1 12 12 14849 Charles July Farming Frank Ille Comberton 

Tree to glippe Define il conte les cores soises De

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29, 1910

DIVORCED

MARRIEDX NEVER MARRIED

REG. NO.

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

Dorchester Co.

15-

87

12b. KIND OF BUSINESS OR

Retired

IF UNDER 1 YEAR

INDUSTRY

20. DATE OF DEATH

77

Farmer

& AGE LIN YEARS LAST BIRTHDAYS

120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

CERTIFICATE OF DEATH

May

WIDOWED [

136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Dorchester General Hospital

Coursey

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
133. COUNTY

White

76 CITIZEN OF WHAT COUNTRY?

US

| N             | Maryland   | Dorchest  | er Cambridge                        | YES NO X                                   | Rt 2 Box 404  | 21613   |
|---------------|--|---|-------------------------------------|--|---|---|
| 14. F/        | THER'S NAME FIRST Fred   | MIDDLE E .  | Lewis                               | 13 MOTHER'S MAIDEN NAM                     | ie MIDDLE   | Condon  |
|               | VAS DECEASED EVER<br>YES, NOOR UNKNOWN)  | IN U.S. ARMED FORCES?<br>(IF YES, GIVE WAR OR DATES)                | 166 SOCIAL SECURITY NO. 217-36-0828 | Mildred H.                                 | Lewis Item #  | 13  |
|               | 18 CAUSE OF DEATH<br>PART I. DEATH W   | H (Enter only one couse per<br>AS CAUSED BY.<br>IMMEDIATE CAUSE (a) | (d) A.                              | shuttion                                   |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH       |
|               | Conditions, if any, gave rise to imm cause (a), statin underlying cause        | which (b)   | R AS A CONSEQUENCE OF               | col Cauces                                 |   | lyr   |
| CERTIFICATION | PART 2 OTHER SIGN  |   | ONTRIBUTING TO DEATH BUT            |  |   | S, WERE FINDINGS USED YING CAUSES OF DEATH?           |
| MEDICAL CERTI | 21a. ACCIDENT WAS UNE OR CONTRIBUTING CHETTHER NOTIFY MEDIC 21d. INJURY OCCURR | CALEXAMINER)  AUSE OF DEATH HOUR A. P. RED 21e PLACE (AT HOME, STI  | M. MONTH DAY YEAR<br>M. 19          | 21c. HOW INJURY OCCURR 21f LOCATION STREET | YES NOW YE  ED (ENTER NATURE OF INJURY IN ITEM 18 P  CITY OR TOWN |   |
|               |  | (this haspital) attended the  | ofter death.                        | d that in (my) (our) apinian of DEGREE     | leath occurred on the date and hou                                | 19 87 tho (Tywe) last<br>r and from the causes stated |
|               | 22d. PHYSICIAN & NA  | AME (TYPE OR PRINT)  W. (AU) W.                                     | ue mo                               | PHYSICIAN D<br>22e ADDRESS<br>DORCHESTER 6 | DIRECTOR   PHYSICIAN  | 15 July 87  |
| 23a. I        | BURIAL, CREMATION,<br>ISPECIFY) Buria  | REMOVAL 236. DATE 7/17,   |                                     | emetery or crematory n Churchyar           | d Cambridge   | Dor Md. STATE   |
|               | THOMAS FT  | INERAL HOME   | ADDRESS CAMBRIDGE.                  | MD JUL                                     | 20 1987 Julia Des   | RAR'S SIGNATURE                                       |
|               |  |   |                                     |  |   |   |

and complete plea TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. TI with the State Dept. of Health and Mental Hygiene priar t

medical ex

marked or Item

IMPORTANT: If Item

FOR

- STATE

3. SEX

REGISTRAR

Male

Maryland

10. CITY OR TOWN OF DEATH

TO BIRTHPLACE (STATE OR FOREIGN

Cambridge

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

| STATE OF MARYLAND               |         |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CERTIFICATE OF DEATH            |         |

| DEPARTN       | NENT OF HEALTH AND MENTAL HYD<br>CERTIFICATE OF DEATH | SIENE 8   | REG. NO.         | 2     | 0       | 5      | Ü        | (    |
|---------------|---|-----------|------------------|-------|---------|--------|----------|------|
| F1            | DON9  | 2a DATE O | F DEATH M        | 7     | 21      | gn     | 26 HOU   | JR   |
|               | 3. DATE OF BIRTH                                      | 6 AGE (IN | YEARS LAST BIRTH | DAY)  | 2 Court | 177.68 | IF UNDER | 5.24 |
|               | March 8, 1898   | x8x7x     | 89               | YRS.  | MONTHS  | DATS   | HOURS    | ,    |
| WHAT COUNTRY? |   | 9 BALTIMO | RE CITY OR       | COUNT | OF DE   | ATH    |          |      |

MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

WHITE

7h CITIZEN OF

DORCHESTER MD. 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NURSE HEALTH

CAMBRIDGE HOUSE NURSING 30 STATE 13c CITY OR TOWN MARYLAND DORCHESTER CAMBRIDGE

21613 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES X SAME AS #11:520 Glenburn Av. NO 15 MOTHER'S MAIDEN NAME MAIDDII

FIRST MIDDLE **ABRAHAM** DAVENPORT

DECEASED NAME TYPE OR PRINT

FEMALE

4 FATHER'S NAME

IFICATION

MEDICAL

à

ental Hygie Sh

X

8

TO BIRTHPLACE ISTATE OF FOREIGN

3 SEX

MARY 17 INFORMANT

ADELA COVELL Box 154A

NO 218-56-2636 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a

Dr. James Long

Oxford, Md. 21654 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

LAST

LONG

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG

190. DATE OF OPERATION

196 CONDITION FOR WHICH OFFRATION WAS PERFORMED

NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES [

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

22d PHYSICIAN'S NAME ITYPE OR PRINT

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

20a AUTOPSY

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive an\_ abave, (1) (we) (did) (did not) view the body after death

... and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22b. SIGNATURE

DEGREE m. 2

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

23d. LOCATION

22e. ADDRESS

STREET

23a BURIAL CREMATION, REMOVAL

23b. DATE 7-21-87 23c. NAME OF CEMETERY OR CREMATORY

SALISBURY CREMATORY

SALISBURY .WICOMICO.MD

CREMATION 24 FUNERAL DIRECTOR

ADDRESS 308 High St

PATE REC'D BY REGISTRAR 156. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

DIRECT

be deta FUNERAL

ould be

MPORTANT

CURRAN FUNERAL

Cambridge, Md

MHAY E. Dong

The same

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

061057 10129 87

poge 3 er death

1. DECEASED NAME

male

Md.

Cambridge

Md.

To. BIRTHPLACE (STATE OF FOREIGN

10. CITY OR TOWN OF DEATH

(TYPE OR PRINT)

3. SEX

FIRST

Elston

white

76. CITIZEN OF WHAT COUNTRY

U.S.A.

4. RACE

NURSING HOME OR OTHER INSTITUTION DOT.

Archie

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 DATE OF BIRTH

WIDOWED

Hills Point VES IN NOXXX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Unoi in such Facility Give Street ADDRESS)
Dorchester general Hospital

Dec. 9, 1901

YES T

MARRIEDS NEVER MARRIED

DIVORCED [

NOXX

CERTIFICATE OF DEATH

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

85

12a USUAL OCCUPATION

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

Dorchester

TYPE OF WORK FOR MOST OF WORKING LIFE WATERMAN-Self

rural route 3

13e STREET ADDRESS / ZIP CODE

YRS

26 HOUR

176 KIND OF BUSINESS OR

21613

employed

87

IF UNDER LYFAR

26

| FAI | THER'S NAME   | 7 000                                 |                                      | 15. MOTHER'S MAIDEN NA             |   |                        |  |     |
|-----|---|---------------------------------------|--------------------------------------|------------------------------------|---|------------------------|--|-----|
|     | Milton  |                                       | shall                                | Ellen                              | WIDDLE  |                        | Messick  |     |
|     | AS DECEASED EVER IN U.S. ARMED<br>ES, NO OR UNKNOWN) (IF YES, GIVE WA<br>NO                         | R OR DATES)                           | social security no.<br>14-34-8437    | Bertha T.                          | Marshall (  | Cambride               | ox 301<br>ge Md.                               |     |
|     | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C.                           |                                       | experses                             | prest                              |   |                        | APPROXIMATE INTERVAL<br>ETWEEN ONSET AND DEATI | н   |
|     | Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.      | (b) F                                 | A CONSEQUENCE OF                     | E bystog of                        | y eva's   |                        |  |     |
|     | PART 2 OTHER SIGNIFICANT CON  | DITIONS CONTR                         | IBUTING TO DEATH BUT                 | NOT RELATED TO THE TERM            | AINAL DISEASE OR COND                                     | DITION GIVEN IN F      | PART IIa                                       | P   |
|     | 19a DATE OF OPERATION   | 196. CONDITION                        | FOR WHICH OPERATIO                   | N WAS PERFORMED                    | 200 AUTOPSY? YES NO                                       |                        | FINDINGS USED AUSES OF DEATH?                  |     |
|     | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)     | 21b. TIME OF INJ<br>HOUR A.M.<br>P.M. |                                      | 21c. HOW INJURY OCCUR              | RED (ENTER NATURE OF INJUR                                | Y IN ITEM 18 PART I OR | PART 7)  |     |
|     | 21d. INJURY OCCURRED  WMILE NOT WHILE AT WORK   | 21e PLACE OF IN                       | IJURY<br>ACTORY, OFFICE, FARM, ETC.) | 21f LOCATION<br>STREET             | CITY OR TOV   | vn (Ol                 | UNITY STATE                                    |     |
|     | 220.1 certify that (1) this hospital saw the deceased alive on above, (1) (we) (did) (did nat) viii | 7-21                                  | 1987 01                              | nd that in (my four opinion        | death occurred on the da                                  | te and hour and fr     | om the causes stated                           | ast |
|     | My Ly Lax   | alen                                  | J                                    | DEGREE<br>ATTENDING<br>PHYSICIAN [ | MEDICAL STAF  | F                      | DATE SIGNED                                    | ,   |
|     | 22 THY SIE AND TYPE OR PRI  | NT)                                   |                                      | 22e. ADDRESS                       |   |                        |  |     |
| (5  | SPEC (EY)   | 36 DATE<br>7/28/87                    |                                      | EMETERY OR CREMATORY Spedden       | 23d. LOCATION CITY OR TOWN Hill Pt TE REC'D, BY REGISTRAN | . Dor                  | . Md.  |     |
|     | HÖMAS FUNERAL   | HOME                                  | CAMBRIDGE                            | MD.                                | L 28 MOL  | O REGISTRAR'S          | DIGINAT I PRESENTE                             | ч   |
|     |   |                                       |                                      |                                    |   |                        |  |     |

|               | 1              | 000               |                              |                         |                           |                | MARYLAND         |                  | ENIE                              |                      |  |                                       |     |
|---------------|----------------|-------------------|------------------------------|-------------------------|---------------------------|----------------|------------------|------------------|-----------------------------------|----------------------|--|---------------------------------------|-----|
|               |                | FOR<br>STATE      |                              | AAE                     | DEPARTMENT OF             |                |                  |                  |                                   | 42.                  |  |                                       |     |
| 01 111 2      | 2 8            | EASED NAME        | FIRST                        | ME                      | MIDDLE                    | INEK 3         | TAST             | ATEOFU           |                                   | REG NO.              | NTH DAY                                | YEAR 2b. HOU                          | 100 |
| 0 1 JOE 2     | (9)            | OR PRINT)         |                              |                         |                           |                |                  |                  |                                   | ESTI- XX MON         |  |                                       |     |
| ELES SA AS    |                |                   | Elizabe                      |                         | astings                   |                | ters             |                  | DEATH N                           | ATED Ju              | ly 2019                                |                                       | 1   |
| # DE 8 B      | h. SEX         |                   | RACE                         | 5. DATE OF BIRTH        | YEAR LAST BIR             | HDAY) MONT     |                  | FUNDER 24 HR     | PRONOUNC                          | ED                   | IN DAT                                 | YEAR 2d HOU                           |     |
| 82            |                | Female            | White                        |                         | ,1903 84                  | YRS.           |                  |                  | DEAD                              | 7                    |  | 9 87 87                               | 1   |
| 01            |                | RTHPLACE (STA     | TE OR                        | 76. CITIZEN OF W        | HAT COUNTRY?              | 8. MARE        | HED NEVE         | ER MARRIED       | 9 BALTIMO                         | RECITY OR CO         | UNTY OF DE                             | ATH                                   |     |
| 10            |                | Mary1             |                              | US                      |                           | WIDOV          | VED XX           | DIVORCED [       | Dor                               | chester              | r Co.                                  | M                                     | ]   |
| A             |                | TY OR TOWN O      |                              |                         | SPITAL, NURSING HO        |                | HER INSTITUTION  |                  | USUAL OCCUPA<br>OR MOST OF WORKIN | TION (TYPE OF WO     | ORK 126 KIND                           | OF BUSINESS                           | i   |
| 10            | C              | ambrid            | ge                           |                         | lenburn                   |                |                  |                  | omemak                            |                      |  |                                       |     |
| -             | USUA<br>13a. S |                   |                              | OR OTHER INSTITUTION, C | IVE RESIDENCE BEFORE ADM  | ISSION)        | has more our     |                  | STREET ADDRESS                    |                      |  |                                       |     |
| 5             |                | arvlano           | 136 COUNT                    | hester                  | Cambri                    |                | YES XX           | -                | 116 GL                            |                      | 7.110                                  | 21613                                 |     |
| -             |                | THER'S NAME       | 1 DOLC                       |                         |                           | age            | 1 1111           | S MAIDEN NA      | MF                                |                      |  |                                       | 1   |
| ı             |                | FIRST             |                              | MIDDLE                  | LAST                      |                | FIRS             |                  | MIDE                              |                      | LAS                                    |                                       |     |
| -             | 160 V          | George            | EVER IN U.S. ARA             | H.                      | Hasti<br>166 SOCIAL SECU  |                | 17. INFORMA      | Nelli<br>ANT     |                                   | ADDRESS              | Pa                                     | almer                                 |     |
| 1             | (4             | ES, NO, OR UNKNOW | N) (IF YES, GIVE             | WAR OR DATES)           |                           |                |                  |                  |                                   |                      |  |                                       |     |
| ŀ             |                | No                |                              |                         | 216-54-                   | 7531           | Char             | lotte            | A. Pet                            | ers Ita              | AND DESCRIPTION OF THE PERSON NAMED IN | 13                                    |     |
|               |                | 18 CAUSE OF       | TH WAS CALISED               | D RV.                   | e far (a), (b), and (c).) |                |                  |                  |                                   |                      | SETWEE                                 | OXIMATE INTERVAL<br>EN ONSET AND DEAT | Н   |
| Z Z           |                | 1 AKT I DEA       | IMMEDIAT                     | TE CAUSE (a)            | RTERISCLE                 | 12071C         | CARS             | DIGVASCO         | ULAR D                            | ISEBSE               | 7                                      | YUNRS                                 |     |
| ANSIT P       |                |                   |                              | DUE TO, OI              | R AS A CONSEQUENCE        | CE OF          |                  |                  |                                   |                      |  |                                       |     |
| REV           |                |                   | , if any, which to immediate | (b)                     |                           |                |                  |                  |                                   |                      |  |                                       |     |
| CKEMATION, OK |                |                   | tating the under-            | ( ' '                   | AS A CONSEQUENCE          | CE OF          | 100              | - 8              |                                   |                      |  |                                       |     |
|               |                | lying cause       | last.                        |                         |                           |                |                  |                  |                                   |                      |  |                                       |     |
|               |                | PART 2 OTHER SIGN | IEICANT CONDITIONS           | CONTRIBUTING TO DEATH   | BUT NOT RELATED TO THE 1  | EDMINAL DISEA  | E DE COMOTTION A | CIVEN IN DARY 1  |                                   |                      |  |                                       |     |
|               | Z              |                   |                              |                         | , see the state of the s  | ERMITAL GIZER. | or condition (   | OTTEN IN THE THE |                                   |                      |  |                                       |     |
| PA.           | CERTIFICATION  | 19a DATE OF C     | PERATION                     | 119h COND               | ITION FOR WHICH O         | PERATION V     | VAS PERFORM      | AED?             |                                   |                      | 120 ALL                                | TOPSY?                                |     |
| 2             | 55             |                   |                              |                         |                           |                |                  |                  |                                   |                      |  |                                       | 6   |
| -             | = =            | 21a. EXTERNAL     | CALISEWAS                    | 21b. TIME O             | F INTURY                  | 21. 6          | OW/ INTUINY C    | CCUBBED (EN      | TER NATURE OF INJUR               | V MAINTEN TO BARY 1. |  | s 🗆 NO 🗹                              |     |
|               |                | UNDERLYING        | OR                           | HOUR A./                | A. MONTH DAY Y            | EAR ZIL. II    | OW INJURY C      | SCCORKED (EN     | TER NATURE OF INJUR               | IN HEM 18 PART I C   | RPART 2]                               |                                       |     |
| -             | MEDICAL        |                   | G CAUSE OF D                 |                         |                           | - 1 / 1        |                  |                  |                                   |                      |  |                                       |     |
| -             | NED A          | 21d INJURY OC     |                              | STREET FAC              | OF INJURY (AT HOME        |                | CATION           |                  | CITY OR TOWN                      | E0 5 1 5             | COUNTY                                 | STATE                                 |     |
|               | 1              | AT WORK           | AT WORK                      | 3                       |                           |                |                  |                  |                                   |                      |  |                                       |     |
|               |                | 22-1              | 4h - 4 1 4 - 1 4 - 1 - 1     | a al the remains de     | scribed abave, held a     | n Autor        |                  | Inspection 2     |                                   | 7                    | y apinian                              |                                       | ĺ   |
|               |                |                   |                              |                         |                           |                | 1                |                  | . Inquiry L                       |                      | yapınıan                               |                                       |     |
|               |                | death resulted    | fram: Natur                  | ral causes .            | Accident ,                | Suicide        | , Hamicid        |                  | determined man                    | er [],               |  |                                       |     |
|               |                | ACTUAL            | 1                            | = HL.                   |                           |                | TITLE (SPE       |                  |                                   | D.                   | ATE 2                                  | A . P. T                              |     |
| -             | -              | SIGNATURE         | Jane 1                       | 11/26                   | len                       | ^              | A.D              | PUTT M           | MEDICAL EXAMIN                    | IER SK               | GNED                                   | -21-87                                | -   |
| 90            | /              | EXAMINER'S        | AMF .                        |                         |                           |                |                  |                  |                                   |                      |  |                                       |     |
| - A9          |                | (TYPE OR PRIN     | DAMES                        | F. MECA                 | RTER, MO.                 |                | ADDRESS 4        | US MURGI         | RA ST. C                          | AMBRIDG              | E, MD                                  | ,21613                                |     |
|               | 23a. B         | JRIAL, CREMATI    | ON, REMOVAL 2                | 3b. DATE                | 23c. NAME OF              | CEMETERY C     | OR CREMATOR      | RY 23d           | LOCATION                          |                      | COUNTY                                 | STATE                                 | 4   |
|               |                | Buria1            |                              | 7/22/87                 | Dor 1                     | Memor          | in 1 D           | 10               | Cambre                            | i dae                | D                                      | 36-3                                  |     |
|               | 24. FI         | JNERAL DIRECT     | OR                           | ADDRES                  |                           | Temor          | 141 125          | DATE REC'P       | BY REGISTRAR                      | 758 REGISTRAF        | 40.010.0                               | REMICE.                               | 1   |
|               | T              |                   | FUNERAL                      |                         | AMBRIDGE                  | , MD.          |                  | 101 44           | 190/                              | Julia Des            | cares . Kon                            | and the                               |     |
|               | -              |                   |                              |                         |                           | 1 220 0        |                  |                  |                                   | A                    |  |                                       |     |

20M 4/82

06 1582 AUG

| CI | <br>7.5 | OF | 8.8 | A DV | <br>8.8.4 | P |
|----|---------|----|-----|------|-----------|---|
|    |         |    |     | ARY  |           |   |
|    |         |    |     |      |           |   |

THEFT OF HEALTH AND MENTAL **IYGIENE** 

| EPAKIMEN | 101  | HEALI | H AND | MENTAL | H |
|----------|------|-------|-------|--------|---|
| C        | ERTI | FICA  | TE OF | DEATH  |   |
|          |      |       |       |        |   |

| 18            | REGISTRAR                            | 4            |                    |                                   | CERTIF                                | ICATE OF DEATH                  | 8 /R                    | REG. NO. 2           | 0 :           | )      | 0        | 9         |
|---------------|--------------------------------------|--------------|--------------------|-----------------------------------|---------------------------------------|---------------------------------|-------------------------|----------------------|---------------|--------|----------|-----------|
|               | CEASED NAME                          | FIRST        | -                  | MIDDLE                            |                                       | AST                             | 20 DATE OF DE           |                      |               |        | 2b HOL   | UR        |
|               | Kach                                 | elE          | . Pi               | nkett                             | 191                                   |                                 |                         | 7 6                  | 23 8          | -      | 6        | PM        |
| 3. SE         | Female                               |              | 4. RACE            | legro                             | S. DATE C                             | DAY YEAR                        | 6. AGE (IN YEARS        | LAST BIRTHDAY) YRS.  | MONTHS 6      |        | HOURS    | R 24 HRS  |
| 7a. BI        | RTHPLACE (STATE OR F                 | OREIGN       | 76. CITIZEN OF     | WHAT COUNTRY?                     | 8                                     | D NEVER MARRIED                 |                         | CITY OR COUNT        | Y OF DEAT     | Н      |          |           |
| Ph:           | iladelphi                            | a. I         | a. U.              | S.A.                              | WIDOWE                                |                                 | Cambri                  | idge 4               | ov.           |        |          | MD.       |
|               | TY OR TOWN OF DEA                    |              | 11. NAME OF        | HOSPITAL, NURSIN                  | IG HOME C                             | OR OTHER INSTITUTION            | 12a USUĄL OCC           |                      |               |        | BUSIN    | ESS OR    |
| Ca            | ambridge                             | 34           |                    | HFACILITY, GIVE STREET<br>Ster Ge |                                       | l Hospital                      | Domest                  | MOST OF WORKING      |               | nes    | ;        |           |
| USU,          | AL RESIDENCE (IF NURS                | ING HOME OR  | OTHER INSTITUTION. |                                   | E ADMISSION)                          |                                 | 13e.STREET ADD          |                      | \c            |        | 1 4      | , 4       |
|               | arvland                              |              | hester             |                                   | 1                                     | YES W NO                        |                         | ice Str              |               | 0      | 16       | 13        |
|               | THER'S NAME                          |              |                    |                                   | uge                                   | 15. MOTHER'S MAIDEN NAM         | ΛE                      |                      |               |        |          |           |
|               | Robert                               |              | ridge              | LAST                              |                                       | Mary Lee                        | MI                      | IDDLE                |               | LAST   |          |           |
|               | VAS DECEASED EVER                    | IN U.S. AR   | MED FORCES?        | 166 SOCIAL SECU                   | JRITY NO.                             | 17 INFORMANT                    |                         | ADDRESS              | -             |        |          |           |
| (             | ves, no or unknown)                  | (IF YES, GIV | WAR OR DATES)      | 201-22-                           | 6049                                  | Mary C. Sm:                     | ith Wi                  | lliams               | hura          | 8.6    | A        |           |
|               | 18 CAUSE OF DEATH                    | H / Enter on | v 000 cours per    |                                   |                                       | LIGHT C. DIR.                   | TCIII WI                | TTTOMS               | DE AV         | PROXIM | ATE INTE | RVAL      |
|               | PART I. DEATH W                      | AS CAUSE     | BY:                | DEPSI                             |                                       |                                 |                         |                      | 4.3           | SU     |          | DEATH     |
|               |                                      | IMMEDIAI     | E CAUSE (o)        |                                   |                                       |                                 | 20                      | av KNEG              |               |        |          |           |
|               | Conditions, if ony,                  | which        | DUE TO, O          | R AS A CONSEQUE                   | ) IIVI                                | FRITION FI                      | 20m PEG                 | MPINATZI             | th la         | 00     | MRS      |           |
|               | gave rise to imm                     | nediote      | (6)_0              |                                   |                                       |                                 |                         |                      |               | ~      |          |           |
|               | underlying couse                     |              | DUE TO, OI         | RAS A CONSEQUI                    | ATIM                                  | PRECLEPIONE 1                   | PERIPHERA               | - UTSCULA            | ROK.          | JY9    | 145      |           |
|               | PART 2 OTHER SIGN                    | NIFICANT C   | ONDITIONS CO       | ONTRIBUTING TO                    |                                       | NOT RELATED TO THE TERM         |                         |                      |               | RI Ita | 1        |           |
| O             | DARSTE                               | _            | aun                |                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | en HEART OSE                    |                         |                      |               |        |          |           |
| AT            | 19a. DATE OF OPERAT                  |              |                    |                                   |                                       | NWAS PERFORMED                  | 20a AUTOPSY             |                      | ES, WERE FI   |        |          |           |
| CERTIFICATION | 7/20/                                | 87           | Gran               | GRENE                             | LEFT                                  | FOOT                            | YES N                   | k                    | IFYING CAL    | JSES C | NO [     | TH?       |
| CER           | 21a. ACCIDENT WAS UND                |              | 21b. TIME O        | FINJURY<br>M. MONTH D.            | AV VEAD                               | 21c. HOW INJURY OCCURR          | ED (ENTER NATURE        | OF INJURY IN ITEM 18 | PART I OR PAR | 17)    |          |           |
|               | OR CONTRIBUTING C                    |              |                    |                                   | 19                                    |                                 |                         |                      |               |        |          |           |
| MEDICAL       | 21d. INJURY OCCURR                   |              | 21e. PLACE         |                                   |                                       | 211. LOCATION                   | 611                     | TY OR TOWN           | COUNT         | v      |          | STATE     |
| X             | WHILE NOT WH                         | HE RK        | (AT HOME STR       | REET, FACTORY, OFFICE, F          | FARM ETC )                            | SINEEL                          |                         | I OK IOWIN           | (0011)        |        |          | SIMIC     |
|               | 220.1 certify that (1)               | his hospit   |                    |                                   | 7                                     | 7 1987                          | , to                    | 723                  | 19 0          | , th   | ot (I) ( | (we) lost |
|               | sow the decease<br>above (1) Dwe) (a | d oliveran   |                    | 23 19                             | 87, or                                | nd that in (my) (our) opinion o | death accurred or       | the date and ha      | our and from  | the co | ouses st | oted      |
|               | 298 SIGNATURE                        |              |                    | one: deam.                        |                                       | DEGREE                          |                         |                      | 22c. C        | ATE S  | IGNED    |           |
|               | News                                 | ed 1         | Vision             | seale                             | _ 1                                   | MO ATTENDING                    | MEDICAL<br>DIRECTOR   1 | STAFF<br>PHYSICIAN [ | 7             | 123    | 3/8      | 7         |
|               | 220. PHYSICIAN'S NA                  |              |                    |                                   |                                       | 22a ADDRESS                     | RYLA                    | Δ                    | >             | 1      | t        |           |
|               | THUID F                              | 3. 2         | TUECK              | CE W                              | D.                                    |                                 | 32100                   | E, W                 |               | 61.    | 3        |           |
| 23a. E        | BURIAL, CREMATION,                   | REMOVAL      | 23b. DATE          | 230                               | NAME OF C                             | EMETERY OR CREMATORY            | 23d. LOCATIO            | N /                  |               |        |          |           |
| (             | SPECIFY) Bur:                        | ial          | July               | 28 1987                           | Was                                   | hington Cem                     | Hurl                    | ock. Do              | COUNTY        | Ma:    |          | STATE     |

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked on Henry 8 sho

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FOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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|                            | Amount 31,1900    |                 | Petities       |
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| 701 Tacd Strace            | a Villera         | DINESPY CONDE   | untyland lipx  |
|                            | and wast          | ****            | Nobert 21      |
| iti. (III) makamuliii siti | 46 *0, AAAM 6 *05 | 22-108          |                |
|                            |                   | B KONT LINES    |                |
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|                            | ard Water Pro-    |                 |                |
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|                            | m At F            | Andreas Andreas |                |
| en fynel , gog , farffan   |                   |                 |                |

#### STATE OF MARYLAND

| K           | - STATE  | DEPAR                                  | CIMENT OF HEALTH AND MENTAL HTC             | IENE                              |  |
|-------------|--|--|---|-----------------------------------|--|
| Г           | REGISTRAR  |  | CERTIFICATE OF DEATH                        | 8 / REG. NO. 2                    | 0511   |
|             | DECEASED NAME FIRST  | WIDDIE                                 | O 1411 O                                    | 20. DATE OF DEATH MONTH           | DAY YEAR 26 HOUR                                     |
| (           | Mary J. I  | Bradley                                | Shuler                                      | 7                                 | 2187 1 6   |
| 3.          | SEX  | 4. RACE                                | 1 DATE OF BIRTH                             | 6. AGE (IN YEARS LAST BIRTHDAY)   | MONTHS DAYS HOURS MIN                                |
|             | Female   | White                                  | Mar. 8. 1919                                | 68 YR                             |  |
| 70          | BIRTHPLACE (STATE OF FOREIGN   | 76 CITIZEN OF WHAT COUNTR              |   | 9 BALTIMORE CITY OR COUL          |  |
| L           | Vienna, Md.  | U.S.A.                                 | WIDOWED W DIVORCED                          | Dorchester                        |  |
|             | CITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NUR              | SING HOME OR OTHER INSTITUTION              | 12a USUAL OCCUPATION              | 126. KIND OF BUSINESS O                              |
|             | Cambridge  | Dorchester (                           | General Hospital                            | Housewife .                       | Own Home   |
| U<br>13     | SUAL RESIDENCE (IF NURSING HOME OF   | ROTHER INSTITUTION, GIVE RESIDENCE BEF | ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CO       |  |
|             | FATHER'S NAME  | orrepred react                         | 15. MOTHER'S MAIDEN NA                      |                                   | 230 7.00   |
|             | John Bradley   | MIDDLE LAST                            | Ella Brins                                  | sfield MIDDLE                     | LAST   |
| 16          | WAS DECEASED EVER IN U.S. AR   | RMED FORCES? 166. SOCIAL SE            | CURITY NO. 17 INFORMANT                     | ADDRESS                           | Cambridge,   |
| L           | No   | 217-0]                                 | L-7330 Margaret E                           | Robbins, 1600                     | Race St. Md  |
| F           | 18 CAUSE OF DEATH (Enter or  | nly one couse per line (or (o) (b),    | ond (c1.)                                   | 1.                                | RETWEEN CHIEFT AND DEATH                             |
| ı           | PART I. DE ATH WAS CAUSE   | TE CAUSE (0)                           | locardial Inc                               | iveticm                           | CHANGE OF BRIDE                                      |
| ı           |  | DUE TO, OR AS A CANSIG                 | DUENCE OF                                   | 11 0                              | 10   |
|             | Canditions, if any, which  | ( th)                                  | evere. Coronax                              | w Hours or                        | Seg/36   |
|             | gave rise to immediate cause (a), stating the  | DUE TO, OR AS CONSE                    | DUENCE OF                                   | 121-1                             | . 1  |
| П           | underlying cause lost  |  | weralisted a                                | referrosch                        | 214715   |
| ١.          | PART 2 OTHER SIGNIFICANT   | CONDITIONS CONTRIBUTING                | O DEATH BUT NOT RE AT O TO THE TERM         | AINAL DISEASE OR CONDITION        | GIVEN IN PART To                                     |
| OCTA CISTOR | DISTERE  | S                                      |   |                                   |  |
| 13          | THE DATE OF OPERATION  | 19h CONDITION FOR WHI                  | OPERATION WAS PERFORMED                     |                                   | YES, WERE FINDINGS USED<br>RTIFYING CAUSES OF DEATH? |
|             | NIA;   |  | // A -                                      | YES O NO                          | YES NO. [  |
|             |  | 216. TIME OF INJURY<br>HOUR A.M. MONTH | DAY YEAR 21c. HOW INJURY OCCUR              | RED (ENST NATURE OF HUNDER ON THE | IS PART AND DE                                       |
| 3           | OR CONTRIBUTING CAUS OF DET  | 0/1/6                                  | 19  |                                   |  |
| 100         | OR CONTRIBUTING L. CAUSE OFFEE  (IF EITHER, NOTIFY MEDICAL EXAMINES  21d, INJURY OCCURRED) | ZIR PLACE OF INJURY                    | E-FARM. STC) 21E LOCATION                   | CITY OF TOWN                      | COUNTY STATE   |
| 1           | AT WORK AT WORK  | / //+                                  | 10/1/                                       | - 0 0 1                           | ~0   |
|             | 22a.1 certify that (I) wis hospi   | ital) attended the deceased from       | 7   | 1. to 1. Z                        | , 19 0, that (1) (ye) lo                             |
| П           | saw the incomed alive on   | 19                                     |   | death accurred on the date and    | hour and from the causes stated                      |
| Г           | 776 SIGNATURE  | ) () ()                                | 0 ODEGREE                                   |                                   | 27c. DATE SIGNED                                     |
|             | 1  |  | ATTENDING PHYSICIAL                         | DICAL STAFF DIECTOR PHYSICIAN     | 1.21.8   |
| 1           | THE PHYSICIAN'S NAME (THE  | 77 A V                                 | 27e DOBESS                                  | 1-1-1                             | Ma   |
|             | A  | JUNILLE                                | = 100 88                                    | total loss                        | 100  |
| 23          | BURIAL, CREMATION, REMOVAL   | 734 DATE 23                            | NAME OF CEMETERY OR CREMATORY               | VIA LOCATION                      |  |
|             | (SPECIFY) Burial   | July/23,195                            | Vienna Gemetery                             |                                   | or., Maryland  |
| 24          | FUNERAL DIRECTOR   | h der S                                |   | E REC'D. BY REGISTRAR 256. REC    |  |
| F           | RAMMOM   | AWKing, FE                             | DERALSBURGIU                                | L22 1987 Jul                      | ia Devider Rondard                                   |
|             |  |  |   |                                   |  |

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,

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TO MENT TO STATE OF THE

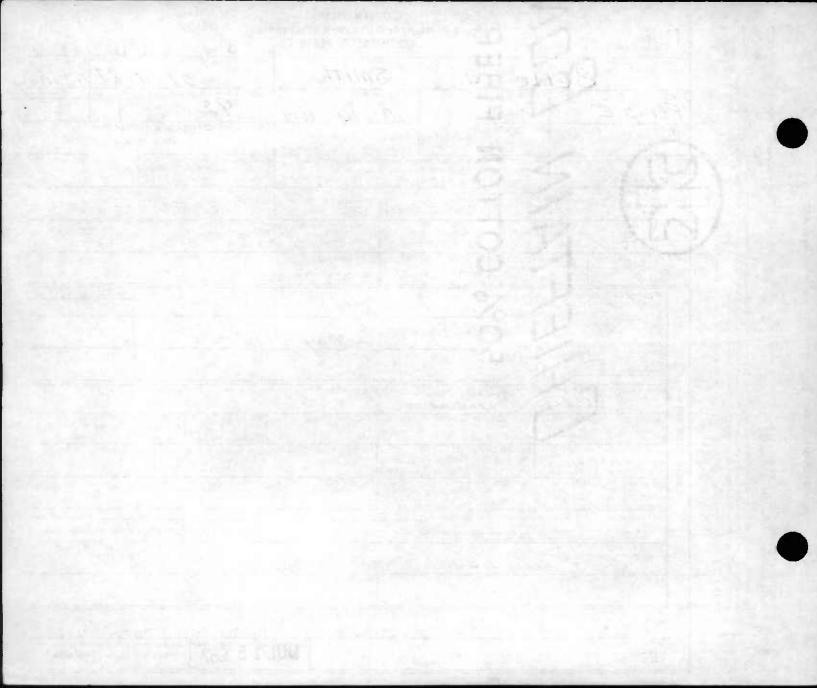
Add top ? Walling T wash Total Company (No. 1) and the company of the compan bisiSemine bits 217-01-7330 Fargaret Foliates, 1600 Sage Dt. 15 COOK DVD ALL ELEVANOR ALL Blyst 1 set usboard 5 - 18 Com Action of the balance of the 500 bookson to some something Dolg M. 1.202 Vienna Cenciery Vienna, Dor. , Breview

| STATE OF MARYLAND                       |
|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFICATE OF DEATH                    |

| 59602 10  | i.            | FOR<br>STATE<br>REGISTRAR   |  |                                  | DEF          | PARTMENT O                            | HEALTH AND             | MENTAL HYG                            | IENE 8                               | REG. NO     |                | 2 0        | 5                  | 1 2                           |
|---|---------------|---|--|----------------------------------|--------------|---------------------------------------|------------------------|---------------------------------------|--------------------------------------|-------------|----------------|------------|--------------------|-------------------------------|
| may be<br>page 3<br>er death  |               | CEASED NAME<br>OR PRINT)  | 3.el   | LLe                              | MIDDLE       |                                       | 5mit                   | h                                     | 2a. DATE OF                          | 0           | Z              | 11 8       | 77                 | 4.30AM                        |
| ige 4 mo<br>rector, pours ofter o   | -             | EMALE   |  | * RACE<br>White                  |              | 10                                    | OF BIRTH               | 1894                                  | 6 AGE IN YE                          | 72          | YRS.           |            | DAYS               | IF UNDER 24 HRS               |
| 35  |               | RTHPLACE (STATE OR F<br>COUNTRY) Md.  |  | U.S.                             | A .          | WIDO                                  |                        | ONORCED                               | 9 BALTIMO                            | Dor         | che            | ster       |                    | MD.                           |
| by the tr   |               | Cambridge   | е  | Dorche                           | ester        | OURSING HOM<br>ESTREET ADDRESS) Gener | al Hos                 |                                       | 120 USUAL C<br>(TYPE OF WORK<br>home |             | WORKING L      |            | IND OF I           | BUSINESS OR                   |
| filled in nould be  | 13g 5         | AL RESIDENCE (IF NURS<br>STATE<br>Md .  | 136 COUN<br>DO                                     | OTHER INSTITUTION<br>ITY<br>DT . | 113c CITY OF |                                       | 13d INSIDE             | CITY LIMITS?                          | 13e.SIREELA                          | oress/      | zip cod<br>ste | r Av       | e.                 | 21613                         |
| mpletely and ash  | 14 F/         | Jacob   |  | MIDDLE                           | Johns        |                                       |                        | aterin                                |                                      | WIDDIE      |                | Р          | alm                | er                            |
| ond co  |               | WAS DECEASED EVER<br>YES NO OR UNKNOWN)<br>NO   |  | MED FORCES?<br>E WAR OR DATES)   | 130          | L SECURITY NO                         | 17 INFORM<br>Bett      | y Denn                                | is                                   | ADDRES      |                |            |                    |                               |
| by the death certificate by the attending physic se remove corboa 2000 i, cremotion, or removal other traumatic event, the  |               | 18 CAUSE OF DEAT<br>PART I. DEATH W<br>Conditions, if ony,<br>gove rise to ime<br>couse iol, storii<br>underlying couse | MAS CAUSE<br>IMMEDIAT<br>which<br>nediote<br>g the | D BY: E CAUSE (o)  DUE TO, O     | r as a con   | SEQUENCE OF                           | Coro                   | nay by                                | east.                                | Dis.        |                | BE1        | IWEEN ON           | ATE INTERVAL<br>SET AND DEATH |
| for equires the state of the st          | CERTIFICATION | PART 2 OTHER SIGN   | C V2   | 1 64                             | perte        | G TO DEATH B                          |                        |                                       | 200 AUTO                             |             | 206 IF YE      | ES, WERE I | FINDING<br>AUSES O |                               |
| SECUNITY OF SHORES OF SHORES IN THE SHORE IN          | MEDICAL CERT  | 21a. ACCIDENT WAS UNE<br>OR CONTRIBUTING (IF EITHER NOTIFY MEDI   | CAUSE OF DEA                                       | ) P.                             | M. MONTI     | H DAY YEA                             | R                      | INJURY OCCURI                         |                                      |             |                |            |                    | NO []                         |
| After this or the broad or the           | MED           | 21d INJURY OCCURI   | RK   | ( AT HOME, STI                   |              | OFFICE, FARM, ETC.)                   | 211 LOCAT<br>STRE      | ET                                    |                                      | CITY OR TOW |                | COUR       |                    | STATE                         |
| THAL OR ATTENDED by the hospital of a fatoched for use a fatoched for use statoched for use the court. If here 21 is n  | 1000          | 27a I certify that (I) sow the decease above, (I) (we) (c 27b. SIGNATURE  | ed alive on<br>did) (did no                        | ti view the body                 | ofter death  | _19                                   | DEGREE  M D  22e ADDRE | y) (our) opinion  ATTENDING PHYSICIAN |                                      |             | e ond ho       |            |                    |                               |
| TO HOSP<br>Translater<br>Thomas the the translater<br>Translater the translater the transl | 23a           | BURIAL, CREMATION,  |  |                                  |              | 23c NAME O                            | CEMETERY OF            |                                       | 23d LOCA                             |             |                |            |                    |                               |
| BP  |               | burial  |  | 7/14/                            | /87          |                                       | Mem. P                 |                                       | CITY                                 | ridae       |                | Dor.       |                    | Md .                          |
| DHMH - 16 60M 7/84  | 24. F         | UNERAL DIRECTOR   | UNER   |                                  |              | MBRIDG                                |                        | 1530                                  | E REC'D. BY RE                       | GISTRAR 2   | Sh REGIS       |            | IGNATUR            | RE                            |

DHMH - 16 60M 7/84

(VRA 15, 4)



death certifical

ATTENDING PHYSICIAN, The low

TO HOSPITAL

|  | STATE | OF | MARY | LAND |
|--|-------|----|------|------|
|--|-------|----|------|------|

| 1                     | FOR  |                           |                  | DEPART                                | MENT OF H         | EALIH AND MENIAL HYG              | IENE  |                |                 |   |
|-----------------------|--|---------------------------|------------------|---------------------------------------|-------------------|-----------------------------------|---|----------------|-----------------|---|
| 1.                    | STATE<br>REGISTRAR   |                           |                  |                                       | CERTIF            | ICATE OF DEATH                    | 8 / REG. NO                                     | 20             | 0 1             | 5                                       |
| DE                    | CEASED NAME  | FIRST                     |                  | MIDDLE                                | L                 | AST                               | 20. DATE OF DEATH                               |                | AY YEAR         | 2b HOUR                                 |
| {TYPI                 | E OR PRINT)  | Fra.                      | nk c             | uddy                                  | 7                 | Rome                              |   | 7 1            | 787             | 6 A.                                    |
| 3 SE                  | Х  |                           | RACE             |                                       | 5. DATE O         |                                   | 6 AGE (IN YEARS LAST BIR                        |                | IF UNDER I YEAR | IF UNDER 24 HRS.                        |
| _                     | fale   |                           | Whi              |                                       | De                |                                   | 71  | YRS.           | 5273            | HOURS MIN.                              |
|                       | IRTHPLACE (STATE OR F  | FOREIGN 7                 | b CITIZEN OF     | WHAT COUNTRY?                         | B. MARRIET        | NEVER MARRIED                     | 9 BALTIMORE CITY O                              | R COUNTY       | OF DEATH        |   |
| K                     | lansas   |                           | US               |                                       | WIDOWE            | 22                                | Dorche  | ster           | Co.             | M                                       |
| C                     | ty or town of DEA<br>Cambridge   |                           | Dorc             | ch FACILITY, GIVE STREET<br>hester C  | ADDRESS)<br>Sener | ROTHER INSTITUTION<br>al Hospital | 120 USUAL OCCUPATION OF WORK FOR MOST OF TARMET |                |                 | F BUSINESS OR                           |
| 13a.                  | al residence (# Nurs<br>STATE<br>[aryland  | 136 COUNT                 |                  | 13c. CITY OR TOW                      | N_ 1              | 136 INSIDE CITY LIMITS?           | 13e STREET ADDRESS A                            | ZIP CODE       | 2               | 1613                                    |
| 14. F/                | ATHER'S NAME   |                           | MDDLE            | LAST                                  |                   | 15 MOTHER'S MAIDEN NA             |   | J. Mark        |                 |   |
|                       | Frank  |                           |                  | rton Tho                              | rne               | Lilli                             | e Ma  | 9              | Cudd            |   |
|                       | WAS DECEASED EVER  | IN U.S. ARA               | AED FORCES?      | 166. SOCIAL SECU                      |                   | 17 INFORMANT                      | ADDRE   |                | 0 01 01 01      |   |
| (                     | NO OR UNKNOWN)   | (IF YES, GIVE             | WAR OR DATES)    | 214-07-                               | -9867             | Mildred L                         | . Thorne  | Item           |                 |   |
|                       | 18 CAUSE OF DEAT<br>PART I. DEATH W  | 'AS CAUSED                | BY:<br>CAUSE (o) | r line for (o), (b), on               | Co                | irdiogenic                        | Shock   |                | BETWEEN         | MATE INTERVAL<br>ONSET AND DEATH        |
| NO                    | Conditions, if ony, gove rise to improve (o), stotin underlying couse  PART 2 OTHER SIGN | nediote<br>ig the<br>lost | (c)_             | ONTRIBUTING TO                        | DEATH BUT         | Coronary,                         | INAL DISEASE OR CON                             | DITION GIVE    |                 | D                                       |
| CAT                   | 190 DATE OF OPERA  | TION                      | 196 COND         | ITION FOR WHICH                       | 60.0              | WAS PERFORMED                     | 20a AUTOPSY?                                    |                | WERE FINDIN     |   |
| IF                    | 10070  |                           |                  |                                       |                   |                                   | YES T NOT                                       | IN CERTIFY YES | ING CAUSES      | OF DEATH?                               |
| MEDICAL CERTIFICATION | 21a. ACCIDENT WAS UND<br>OR CONTRIBUTING (IF EITHER NOTIFY MEDI                          | CAUSE OF DEAT             | P                | .M. MONTH DA                          | AY YEAR           | 21c. HOW INJURY OCCURE            |   |                |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| MED                   | 21d. INJURY OCCUR!   | OILE 🔲                    |                  | OF INJURY<br>REET, FACTORY, OFFICE, F | ARM, ETC )        | 211 LOCATION<br>STREET            | CITY OR TO                                      | WN             | COUNTY          | STATE                                   |
|                       | 22s.1 certify that (1)<br>sow the decease<br>above, (1) (we) (c                          | ed olive on_              |                  | 19                                    |                   | d that in (my) (our) opinion (    | deoth occurred on the de                        |                |                 | that (I) (we) los<br>couses stated      |
|                       | 226. SIGNATURE   | ald fold fior             | view me booy     | oner deom.                            | [                 | DEGREE                            |   |                | 22c. DATE       | SIGNED                                  |
|                       | - 02   | 5                         | au               | uau                                   | 1                 | MD ATTENDING PHYSICIAN            | MEDICAL STAI                                    | FF<br>CIAN [   | 7-              | 17- 47                                  |
|                       | 22d. PHYSICIAN'S NA  | AME (TYPE OR              | PRINT)           |                                       |                   | 22e ADDRESS                       |   |                |                 |   |
| 230                   | BURIAL, CREMATION,   | REMOVAL                   | 23b. DATE        | 23c. h                                | NAME OF C         | EMETERY OR CREMATORY              | 23d LOCATION                                    |                | IS OUT TO       | 67.475                                  |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FINERAL DIRECTOR. After the confliction has been signed by the ottending physis than the beautiful to be confound to the burief training principles of the property of the burief training principles of the burief training principles.

njury, or other troumotic event, #

APORTANT, If them 21 is marked or them

7/19/87

Dor Memorial

Burial
24 FUNERAL DIRECTOR FUNERAL HOME CAMBRIDGE, MD. THOMAS

Park Cambridge Dor Md

10

059884

# STATE OF MARYLAND

| 1   | FOR                           | DEPAR                           | RTMENT OF HEALTH AND MENTAL H  | YGIENE                        |  |
|---|-------------------------------|---------------------------------|--|-------------------------------|--|
| 1   | STATE<br>RESISTRAR            |                                 | CERTIFICATE OF DEATH   | REG NO.                       | 205!4  |
| T De  | CEASED NAME FIRST             | WIDDLE                          | LAST   |                               | ONTH DAY YEAR 26 HOUR  |
| (TYP)   | James                         | A Tu                            | rper   | J                             | upe 1,87 50 M  |
| 3. SE   | Х                             | 4 RACE                          | 5. DATE OF BIRTH   | 6 AGE (IN YEARS LAST BIRTHE   |  |
|   | Male                          | Negro                           | JAN 7 188  |                               | YRS  |
|   | COUNTRY                       | 76 CITIZEN OF WHAT COUNTR       | Y? 8 MARRIED NEVER MARRIED   | 9 BALTIMORE CITY OR           | COUNTY OF DEATH  |
| Se  | eaford, Del.                  | U.S.A.                          | WIDOWED DIVORCED   |                               | er MD.   |
| 10. C   | ITY OR TOWN OF DEATH          |                                 |  |                               |  |
| -   |                               | Dorchester G                    | eneral Hospital  | Mechanic                      | Service Truck  |
|   |                               |                                 |  | 2 136 STREET ADDRESS / 2      | 71P CODE 21637   |
|   |                               |                                 |  | 000 000 -                     |  |
| 14 F  |                               |                                 | 15. MOTHER'S MAIDEN  | NAME                          |  |
| )   | 272 7 7 mm                    |                                 |  |                               | LAST   |
| 160 V   | WAS DECEASED EVER IN U.S. AR  | MED FORCES? 16b. SOCIAL SE      |  | ADDRES                        | n - 2 2 - 2 - 2 - 2 - 2 - 2  |
| - (   |                               | E WAR OR DATES)                 | Chaman Di  | J 1 000                       | Federalsburg, Md.  |
| -   | r                             |                                 |  | deout, 208 (                  | Old Denton Rd  |
|   | PART I. DEATH WAS CAUSE       | D BY:                           | and ich  | A-acd                         | BETWEEN ONSET AND DEATH  |
|   | IMMEDIA                       | TE CAUSE (o)                    | no ispital   | AN HILES                      | The state of the s |
|   | 201 - N - N - N - N           | DUE TO, OR AS A CONSEC          | WENCE OF   | · · · · · · · · · ·           |  |
| Total Responsible   Total   Total | 20130                         |                                 |  |                               |  |
|   | cause (a), stating the        | DUE TO, OR AS A CONSEC          | QUENCE OF  |                               |  |
|   | underlying couse lost.        | (c)                             |  |                               |  |
|   | PART 2 OTHER SIGNIFICANT      | CONDITIONS CONTRIBUTING T       | O DEATH BUT NOT RELATED TO THE T   | RMINAL DISEASE OR CONDI       | TION GIVEN IN PART 110   |
| 100   | History o                     | of chrosic                      | Hypoplactic 1  | theaux-                       |  |
| CAT   | 190 DATE OF OPERATION         | 196 CONDITION FOR WHI           | CH OPERATION WAS PERFORMED   |                               | 206 IF YES, WERE FINDINGS USED<br>IN CERTIFYING CAUSES OF DEATH?   |
| E   |                               |                                 |  |                               |  |
| CER   |                               |                                 | 21c HOW INJURY OCC   | URRED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART 2)   |
| AL.   |                               | in .                            |  |                               |  |
| DIC   |                               | 21e PLACE OF INJURY             | 211 LOCATION   |                               |  |
| ×   |                               | (AT HOME STREET FACTORY OFFIC   | CE, FARM, ETC ) STREET   | CITY OR TOWN                  | N COUNTY STATE   |
|   |                               | tal) attended the deceased from | Murch 108  | 3 to JM                       | 19 85 that (we) last   |
|   |                               |                                 | 4.40   | an death occurred an the date |  |
|   | abave, (1)                    | view the body after death.      | 1-2/   |                               | 224 DATE SIGNED  |
|   | 220. SIGNA                    | H 141                           | ATTENDING  | MEDICAL STAFF                 | A D.T I CO   |
|   | 1000                          | ON WA                           | A CONTRACTOR OF THE PARTY OF TH | DIRECTOR PHYSICIA             | and Kreid-01   |
| 1   | 1220 PHYSICIAN'S NAME (TYPE C | OR PRINT)                       | 12e ADDRESS 3C   | 10 LURN D                     | neet   |
| 0.424   | Hobert                        | - W. HUNT                       | Temo C   | imbridge.                     | md. 21613  |
| 23a. I  | BURIAL CREMATION, REMOVAL     | 23b. DATE 23                    | NAME OF CEMETERY OR CREMATOR   | RY 23d LOCATION               |  |
|   |                               |                                 |  |                               |  |
|   | (SPECIFY)                     | June 6-1987                     | Federal Hill C   |                               | ourg. Caroline Ma  |
| 24 FI   | Burial UNERAL DIRECTOR        |                                 | rederalsburg. 25a  | em Federalsh                  |  |
|   | Burial                        | ADDRES                          | ederalsburg, 250   | em Federalsh                  | ourg, Caroline, Md   |

DHMH - 16 60M 7/B4 (VRA 15, 4)

059884 JUL 1767

43 TE' | WIL A RAMAT SP Page t cat orpon and Tages through the state of the strikend Caroline Twistellers & Strikens bestvik Declarate the state of the stat The second surface comes In the section Land to the man with the property of the property X..... Robert W. Hust May mounts mile The Start Sumint John C. 1907 Former Mill Com Closed Queen Contraction

## STATE OF MARYLAND

| FOR   | DEPARTMENT OF HEALTH AND MENTAL HYGIENE  |  |   |   |  |  |  |  |  |
|---|--|--|---|---|--|--|--|--|--|
| - STATE<br>REGISTRAR                                  |  | CERTIFICATE OF DEATH   | REG. NO   | 20515   |  |  |  |  |  |
| STEASED NAME FIRST                                    | WIDDLE                                   | LAST   | 20. DATE OF DEATH   | MONTH DAY YEAR 26 HOUR  |  |  |  |  |  |
| (TYPE OR PRINT)                                       | P. R. Parke                              | er Tyler   |   | 07 19 87 530 \$   |  |  |  |  |  |
| 3 SEX   | 4 RACE                                   | 5. DATE OF BIRTH   | 6. AGE (IN YEARS LAST BIRT  | HOAY FUNDER TYEAR IF UNDER 24 HRS                                 |  |  |  |  |  |
| Jermali   | W  | 02 26 1895   | 95  | YRS.  |  |  |  |  |  |
| 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)              | 76. CITIZEN OF WHAT COUNTRY?             | MARRIED NEVER MARRIED  | 9. BALTIMORE CITY OF  |   |  |  |  |  |  |
| Maryland  | US                                       | WIDOWED DIVORCED   | Dorck   | rester Co. MO   |  |  |  |  |  |
| III. CITY OR TOWN OF DEATH                            |  | NG HOME OR OTHER INSTITUTION   | 12a. USUAL OCCUPATION   |   |  |  |  |  |  |
| Cambridge   | The Cambrid                              | ge House   | Homemak   | er.   |  |  |  |  |  |
| USUAL RESIDENCE (IF NURSING HOME OF                   |  |  |   |   |  |  |  |  |  |
| 13a STATE 13b COL                                     |  | VN [13d. INSIDE CITY LIMITS?   | 13e STREET ADDRESS /  | 21634   |  |  |  |  |  |
| 14 FATHER'S NAME                                      |  | 15. MOTHER'S MAIDEN NA   | ME  | LAST  |  |  |  |  |  |
| John W  | Weslev Park                              | er Medo  |   | Leland  |  |  |  |  |  |
| 60 WAS DECEASED EVER IN U.S. A                        |  |  |   | SSalisbury, Md  |  |  |  |  |  |
| (YES, NO OR UNKNOWN) (IF YES, G                       | IVE WAR OR DATES)                        |  |   |   |  |  |  |  |  |
| No  | 215-18                                   | -4176 Dorothy Da   | vis 1512  | Woodland Rd. 2180   |  |  |  |  |  |
| 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUS | anly ane cause per line for ud), (b), ar | ndicul O -A:   | 01-1-   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH                   |  |  |  |  |  |
|   | ATE CAUSE (a) Aven                       | à ocleme le  | while   | 7   |  |  |  |  |  |
|   | DUE TO, OR AS A CONSEQU                  | IENCE OF   | *   |   |  |  |  |  |  |
| Canditians, if any, which                             | ( 16)                                    | ia. Hour Di  | seare   | 104n  |  |  |  |  |  |
| gave rise to immediate                                | ) "                                      |  | 0   |   |  |  |  |  |  |
| couse (a), stating the underlying cause last.         | DUE TO, OR AS A CONSEQU                  | sence on L. D. Malo.   | : ">clo-  | 20475   |  |  |  |  |  |
|   | (c)                                      |  | UNIAL DISEASE OF CONI   | NITION CIVEN IN PART 1  |  |  |  |  |  |
|   | CONDITIONS CONTRIBUTING TO               | DEATH BUT NOT RELATED TO THE TERM  | NINAL DISEASE OR CONL   | SHON GIVEN IN FART ITG  |  |  |  |  |  |
| 2   |  |  | Total Control of the | AN IT WELL AVERE EINION LOCALISES                                 |  |  |  |  |  |
| 90 DATE OF OPERATION                                  | 196 CONDITION FOR WHICH                  | OPERATION WAS PERFORMED  | 20a AUTOPSY?  | 206. IF YES, WERE FINDINGS USED<br>IN CERTIFYING CAUSES OF DEATH? |  |  |  |  |  |
| E .   |  | Service of the servic | YES NO  | YES NO  |  |  |  |  |  |
| 0   | 116. TIME OF INJURY                      | 216. HOW INJURY OCCUR  | RED (ENTER NATURE OF INJUR  | Y IN ITEM TO PART 1 OR PART 2)                                    |  |  |  |  |  |
| OR CONTRIBUTING CAUSE OF D                            | EATH                                     | DAY YEAR   |   |   |  |  |  |  |  |
| (IF EITHER NOTIFY MEDICAL EXAMIN                      | 21e. PLACE OF INJURY                     | 211 LOCATION   |   |   |  |  |  |  |  |
| NOTWHILE  | (AT HOME, STREET, FACTORY, OFFICE,       | FARM, ETC.) STREET   | CITY OR TO  | NN COUNTY STATE   |  |  |  |  |  |
| AT WORK   |  | 13/01/26   | 1119  | 1230  |  |  |  |  |  |
| 22a. I certify that (I) (this has                     | pital) ottended the deceased from.       | table in (my) (my) entrine   | doth assured as the de  | ite and haur and from the causes stated                           |  |  |  |  |  |
| abave, (1) (we) (did) (did)                           | nat) view the body after death.          |  | deam accorred an me ac  |   |  |  |  |  |  |
| THE SIGNATURE   | 4  | DEGREE   | MEDICAL STAF  | 22c DATE SIGNED   |  |  |  |  |  |
| 1 davia   | is Marganer                              | MA ATTENDING PHYSICIAN   | DIRECTOR PHYSIC   |   |  |  |  |  |  |
| 22d. PHYSICIAN'S NAME (TYPE                           | OR PRINT)                                | 22e ADDRESS  |   |   |  |  |  |  |  |
|   |  |  |   |   |  |  |  |  |  |

230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial

23t. NAME OF CEMETERY OR CREMATORY Hosier Churchyard

Pishing Creek Dor.

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Thomas Funeral Home

<sup>236</sup> DATE 7/21/87

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 22 1987 Jula Davidon 1 your Devideon Randage

STATE OF MARYLAND FOR STATE

| STAIL OF MARILAND               |         |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CEDTIEIC ATE OF DEATH           |         |

| 10.50 "      |               | REGISTRAR  |                              |               |                  |              | CERTIFI   | CATE       | OF DEATH               |             | RES. NO.                     |           | 0            | 1           | 1 6       |
|--------------|---------------|--|------------------------------|---------------|------------------|--------------|-----------|------------|------------------------|-------------|------------------------------|-----------|--------------|-------------|-----------|
| 1058 JU      | V.            | E D D NAME   | FIRST                        |               | MIDDLE           |              | LA        | AST        |                        | 20 DATE     | OF DEATH M                   | ONTH      | DAY YEAR     | 2b HC       | UR        |
| 3 50         | 4400          | (Harten)   | Mary                         | 4             | 2.               |              | W         | )am        | 9                      |             | July                         | 12        | 4 87         | 3:          | 20 AM     |
| 82           | 1.5E          | X.   |                              | 1 RACE        |                  |              | DATEO     |            |                        | 6. AGE (H   | NYEARS LAST BIRTHE           | _         | MONTHS DAYS  |             | ER 24 HRS |
| 100          |               | F  | 100                          | whit          | е                |              | HINOM     |            | 2 43                   |             | 44                           | YRS.      | MONTHS DAYS  | HOURS       | Min.      |
| 32 00 /      | 7a. B         | RTHPLACE (STATE OR   | FOREIGN 7                    | b. CITIZEN OF | WHAT COU         | NTRY?        |           |            | ER MARRIED             | 9 BALTIM    | ORE CITY OR                  |           | OF DEATH     |             |           |
| 16 200       | 100           | Ad.  |                              | U.            | S.A.             |              | WIDOWE    | XX         | DIVORCED [             |             | Dorch                        | nest      | er           |             | МП        |
| 11/19        |               | ITY OR TOWN OF DE.   | ATH 1                        | 11. NAME OF   |                  |              |           | ROTHER     | INSTITUTION            |             | LOCCUPATION                  |           | 126 KIND     |             | VESS OR   |
| THE STATE OF | (             | Cambridge  | 9                            | D             | or. G            | en.          | Hos       | p.         |                        |             | ork for most of v<br>lemaker |           | E) INDUSTRI  |             |           |
| 122          | USU.          | AL RESIDENCE (IF NUR   | 13b. COUN                    |               | GIVE RESIDENCE   |              |           | 111 INICIE | DE CITY LIMITS?        | 112. ernee  | T ADDRESS / 2                | ZID CODE  |              | - 19        |           |
| 3-27         |               | Md.  | Do                           |               | Camb             | rid          |           | YES T      | NS XX                  |             | eys Ro                       |           |              | 2 )         | 21        |
| 1            | 14 FA         | THER'S NAME  |                              |               |                  |              |           | 15. MOTH   | HER'S MAIDEN NA        |             |                              |           |              |             |           |
| 1)1//        |               | Clintor  |                              | dell          | Sin              | mon          | s         |            | Elizabe                | eth         | MIDDLE                       |           | t.           | Aaro        | n         |
| 19 1         |               | VAS DECEASED EVER  | IN U.S. ARA                  | NED FORCES?   | 166 SOCIA        | _            |           | 17 INFO    |                        |             | D ADDRES                     | BO        | x 320        |             |           |
| Pop P        |               | YES, NO OR UNKNOWN)  | (IF YES, GIVE                | WAR OR DATES) | 2134             | 210          | 2.2       | Mich       | hael D.                | Ward        | Combo                        |           | A 320        | 216         | 1 2       |
| 1.2          |               |  | H (Entor only                |               |                  |              |           | 112.01     |                        | 110120      | Cambr                        | lag       | APPRO        | DXIMATE INT | ERVAL     |
| pop<br>nave  |               | PART I. DEATH W  | AS CAUSED                    | BY:           | U-ne             | CATIA        | CALP      | P/ 130     | WA AMB                 | ecici in    | - 14-                        | 20        | BETWEEN      | 1000        |           |
| 201          |               |  | IMMEDIATE                    | CAUSE (a)     | 401821           | AITC         | . 4 10    | LINCO      | WAY PTVNO              | ULLIA       | F 44416                      | T Know    | 4            | mos         | ,         |
| 100          |               | - The state of the |                              | DUE TO, O     | R AS A CON       | SEQUEN       | CE OF     |            |                        |             |                              |           | 2 - 5        |             |           |
| 127          |               | Conditions, if any   |                              | (b)_          | 0.00             |              |           |            |                        |             |                              |           | 1            |             |           |
| (F:)         | 160           | gave rise to im-   | mediote<br>ng the            | DUE TO O      | R AS A CON       | SEQUEN       | CEOE      |            |                        |             |                              |           | 100          |             |           |
|              | 13            | underlying cause   |                              | 1000,0        | N A3 A CO.       | SE O O E I O | CL 01     |            |                        |             |                              |           |              |             |           |
| ~            |               | PART 2 OTHER SIG   | NIFICANTO                    | ONDITIONS CO  | ONTRIBUTIN       | G TO DE      | ATH BUT I | NOT RELA   | ATED TO THE TERM       | INAL DISEA  | ASE OR CONDI                 | TION GIV  | EN IN PART   | l t a       |           |
| Market .     | Z             |  |                              |               |                  | 100          |           |            |                        |             |                              |           |              |             |           |
| 1017         | ATE           | 190 DATE OF OPERA  | TION                         | 196 CONDI     | ITION FOR V      | VHICH O      | PERATION  | WAS PE     | RFORMED                | 20a AU      |                              |           | S, WERE FIND |             |           |
| 11/2         | CERTIFICATION |  |                              |               |                  |              |           |            |                        | YES         |                              |           | YING CAUSE   | S OF DEA    |           |
| 100          | 24            | 21a. ACCIDENT WAS UN   | DERLYING T                   | 21b. TIME O   | FINJURY          |              |           | 21c. HOV   | W INJURY OCCURE        |             |                              |           |              |             | <u>U</u>  |
| 100          | 17.07         | OR CONTRIBUTING  |                              |               | M. MONT          | H DAY        |           |            |                        |             |                              |           |              |             |           |
| 114/         | MEDICAL       | (IF EITHER NOTIFY MED  |                              | 21e PLACE     |                  |              | 19        | 211 LOC    | ATION                  |             |                              |           |              |             |           |
| o po         | MEC           |  |                              | (AT HOME STE  | REET, FACTORY, O | OFFICE, FAR  | M, ETC )  | ZII LOC    | TREET                  |             | CITY OF TOWN                 | 4         | COUNTY       |             | STATE     |
| th a         | 2             | AT WORK AT WO  | IRK L                        |               |                  |              |           |            |                        |             |                              |           |              |             |           |
| 101          |               | 220 1 certify tha  |                              |               |                  |              |           | RCH        |                        |             | 24 JUL                       | У         | 19 87        |             |           |
| 2000         |               | saw the deceas<br>above (1) (we)   | ed alive on_<br>did (did nat | view the bady | after death.     | _19          | one, one  | d that in  | my (our) opinian       | death accur | red an the date              | ond hou   | and Iram th  | e causes s  | tated     |
| 221          | 100           | 226. SIGNATURE   | 1                            | ~             |                  |              | D         | EGREE      |                        | /           |                              | 117       | 22c. DAT     | E SIGNED    | 5         |
| 1 1          |               | Cur  | 211                          | (Bax          | unde             | 2            | mi        | 1          | ATTENDING<br>PHYSICIAN | MEDICA      | R PHYSICIA                   |           | 24.          | Jeers       | 87        |
| 1 5 S        |               | 224 PHYSICIAN'S  | ME (TYPE OR                  | PRINT         |                  |              |           | 22e ADD    |                        |             |                              |           | 10.1.        | 1           |           |
| 318/         |               | CRAGN  | 10nis                        | WELL          | ,                |              |           | 1000       | HESTER (               | GERE        | 001 1654                     | 00        | 4 00 10      | 1 -         | 110       |
| 54131        | 220 5         | BURIAL, CREMATION,   |                              | 23b. DATE     |                  | 1 22. NIA    | ME OF CE  |            | OR CREMATORY           | 1224 10     | CATION                       | 640       | WARL D       | OF I        | WE)       |
|              | 230. 6        | burial, CREMATION,   | REMOVAL                      | 7/26          | 197              |              |           |            |                        | C           | ITY OR LOWN                  | ~ ~       | COUNTY       |             | STATE     |
|              | -             |  |                              | 1/20          | /0/              | סת           | I . IV.   | iem.       | Park                   |             | mbride                       |           | Dor.         |             | Md.       |
| 6 60M 7/84   |               | UNERAL DIRECTOR  | T                            |               | _ ADI            | DRESS        |           |            | 25a. DAT               | O Q 1       | REGISTRAR 25                 | b. REGIST | RAR'S SIGNA  | TURE        | Mo        |
| RA 15, 4)    |               | rhömas fu  | JNERA.                       | L HOME        | CAN              | 1BRI         | DGE       | MD.        | JUL                    | 40          | 301                          |           | -            |             | 4         |